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**Feb 25, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000003361**

1. Corporation Name

**F.S.D.B. ATHLETIC BOOSTER CLUB, INC.**

Principal Place of Business

207 N. SAN MARCO AVE.  
ST. AUGUSTINE FL 32084

Mailing Address

207 N. SAN MARCO AVE.  
ST. AUGUSTINE FL 32084



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/05/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3260392

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCHANSKI, PAMELA L  
740 C.R. 13 SOUTH  
ST. AUGUSTINE FL 32092

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME CURTIS, BRUCE  
STREET ADDRESS 5225 CR 208  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

1.1 TITLE President/Director ☒ Change ☐ Addition  
1.2 NAME Rick Roberts  
1.3 STREET ADDRESS 207 N. San Marco Avenue  
1.4 CITY-ST-ZIP St. Augustine, FL 32084

TITLE VD ☐ DELETE  
NAME COLVIN, JIMMY  
STREET ADDRESS 2860 N 8TH ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME KOCHANSKI, PAMELA L  
STREET ADDRESS 740 C.R. 13 S  
CITY-ST-ZIP ST AUGUSTINE FL 32092

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME KOCHANSKI, PAMELA L.  
STREET ADDRESS 740 C.R. 13 SOUTH  
CITY-ST-ZIP ST. AUGUSTINE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pamela L. Kochanski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

904-823-4124

Date

Daytime Phone #

CR2E037 (1/98)