## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STRANAHAN HIGH SCHOOL



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N940

N94000004030 (2)

Mailing Address

STRANAHAN HIGH SCHOOL FORT LAUDERDALE FL

## DRAGON-FIRE BOOSTER CLUB INC.

FORT LAUDER	DALE FL	FORT LAUDERDALE FL			e e		
•					3. Date Incorporated or Qualified 08/16/1994	3a. Date of Last Report 07/16/1996	
ļ	Place of Business	2a. Mailing Address			4. FEI Number 65-0531470	Applied For	
21		26			03-033 1470	Not Applicable	
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Country		Trust Fund Contribution	Added to Fees	
24	——————————————————————————————————————	<b>├</b> ─ `	— ·	,	8. This corporation has liability for i	ntangible tax under s. 199.032,	
[24]	25 9. Name and Address of Current	29 3	וט		Florida Statutes  10. Name and Address of New Re		
8, regine and xodress of Content negletered Agent				81 Name			
DAMO DOMALD D							
DAVIS, RONALD P				82 Street Address (P.O. Box Number is Not Acceptable)			
70 SW 91ST AVE. #212				10855 NW 4679 GT.			
PLANTATION FL 33324-11					· · · · · · · · · · · · · · · · · · ·		
			84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1509. Elevide Statutes the place personal or provision submits the statement for the pursuant of sections 617 0502 and 617 1509. Elevide Statutes the place personal or provision submits the statement for the pursuant of sections 617 0502 and 617 1509. Elevide Statutes the place personal or provision submits the statement for the pursuant of sections 617 0502 and 617 1509. Elevide Statutes the place personal or provision submits the statement for the pursuant of sections 617 0502 and 617 1509.							
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 Concelled F. Occube Romano F. BAV (5 Signature, lyped 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				
THLE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	DAVIS, PAUL		1.2 NAME			(000/684)	
STREET ADDRESS	70 SW 91ST AVE. #212		1.3 STREET	ADDRESS -	tero westwood Drivi	e, # 803	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 DITY- 9	T-ZIP	TAMARA, FL 38381		
TITLE	DT	DELETE	2.1 TITLE		F -	Change Addition	
NAME	skinner, keith		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 City-	ST-ZIP			
TITLE	VO .	☐ DELETE	3.1 TITLE			Change Addition	
NAME	WEITHMAN, LORIE		3.2 NAME			CADANES	
STREET ADDRESS	70 SW 91ST AVE. #212		3.3 STREET	ADDRESS	The westwood Drive	, 7668	
CITY-ST-ZIP	PLANTATION FL 33324		3.4. CITY-	ST-ZIP	TAMARAL FL 38821		
TITLE	SD	DELETE	4.1 TITLE			Change Addition	
NAME	LOLON, ANN		4. 2 NAME	· ·	Kocon, ANN	CNAMB)	
STREET ADDRESS	325 NW 87TH TERR.		4.3 STREET	ADDRESS	ments   Labore		

14. I do 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 plock 3 if changed or on an attachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

**PLANTATION FL 33324** 

TEICH, BABRIELLE

11361 NW 40TH PL

SUNRISE FL 33323

President 2/21/97 954 985-192

Change

\_\_\_ Addition

**FILED** 

Mar 04 1997 8:00am

Secretary of State

R2E037 (9/96)