FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

hysion of to porations

N94000004806 (5) DOCUMENT #

BAYSHORE ATHLETIC BOOSTERS, INC.

Principal Place	of Business		Ma	Mailing Address					* 100 (100 010 010 010 05 (10						
703 65TH AVENUE DR. W BRADENTON FL 34207 US			В	706 65TH AVENUE DR. W BRADENTON FL 34207 US											
00			Ū	0					3. Date Incorporated 09/28/199	or Qualified 4	3a. Da	te of La 05/01/	st Repoi 1 995	t	
2. Principal Pla	ace of Busine	SS	2a.	Mailing Address					4. FEI Number				Applie	d For	
21				26					65-0574754 Not Applicable						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of State	us Desired			75 Add		
22			27										e Requi		
City & State				City & State					6. Election Campaig	-			00 ма		
Zip	Т	Country	28	Zip	1 6	ountry			Trust Fund Contri				ded to F		
24 ZIP	25			29 30					This corporation h Florida Statutes		ntangible ta ∃Yes 🔀		s. 199.0)32,	
9. Name and Address of Currer							10. Name and Address of New								
, , ,	* : : - : : : : : : : : : : : : : : : :				· · · · · ·	81	Nar	ne							
TISON I	DONALD O.					62	-				 			·····	
703 65TH AVENUE DR. W							Stre	e! Address	s (P.O. Box Number is	Not Acceptabl	e)				
	ITON FL 34					83									
0,000															
						84	City	,			FI	85	Zip Cod	e	
or register	red agent, or b	ns of Sections 617.050 both, in the State of Flor t the obligations of, Sec	rida. Such	change was authorize	ed by the	oove-r	named oratio	d corporation's board of	on submits this statem of directors. I hereby a	ent for the purp coept the appo	pose of cha pintment as	inging its register	s registe ed agen	red office t. I am	
SIGNATURE .	Signature typed o	r printed name of registered ager	nt sod fitla if s	colerat la /NO	Yi Rogetor	nd Agen	t evanat	ure required wh	has scientifical		DATE				
12.	Digriatora, typaci o	OFFICERS AN			13		c algrica:	ore required wi	ADDITIONS/CHAN	NGES TO OFF		DIREC	TORS IN	i 12	
TITLE	PD	0111021071	12 0 11 12 0	DELETE		TITLE						Change		Addition	
NAME	TISON, D	ionald o.		_	1.2	NAME					•		_		
STREET ADDRESS	703 65TH	I AVENUE DR. W			1.3	STREET	ADDRE	ss							
CITY-ST-ZIP	BRADEN	TON FL				CITY-S									
TITLE	VD			DELETE		TITLE						Chang	e 🗇	Addition	
NAME	MCELRO	y, edith M			22	NAME									
STREET ADDRESS	1008 ELL	. WAY			2.3	STREET	ADDRE	SS							
CITY - ST - ZIP	SARASO	TA FL 34243			2. 4	CITY-5	ST - ZIP								
TITLE	VD			DELÉTE		TITLE					[Chang	e 🔲	Addition	
NAME	TISON, D	ONALD O		`	32	NAME									
STREET ADDRESS		I AVE. DR. WEST			33	STREET	ADDRE	ss							
CITY-ST-ZIP		TON FL 34207			3 4	CITY - S	ST-ZIP								
TITLE	SD			DELETE	4.1	TITLE		VD				Chang	e 🔲	Addition	
NAME	TISON, C			· - >	4. 2	NAME		TIS	ON, CATTLY 3 65 TH AVE	Ţ.		-			
STREET ADDRESS		I AVE. DR. WEST			4.3	STREET	ADDRE	ss 70 .	3 65 TH AVE	DR.W.	,				
CITY-ST-Z#P		TON FL 34207			4.4	CITY-S	T - ZIP	Be	ADENTON,	FL .3"	4207				
TITLE	TD			ØŒLĒTE	5.1	TITLE		150	•			Chang	· 🔀	Addition	
NAME		, CHERYL V.			5.2	NAME		No	RMA LYKI	พร					
STREET ADDRESS	1114 EU				5.3	STREET	ADORE	ss 5 8	715 11 TH ST	, L ≟					
CITY-ST-ZIP	SARSAS	DTA FL			5.4	CITY-S	T-ZIP	Br	ADENTON,	FL 34	203				
TITLE				□ DELETE	61	TITLE		8 7	\Box D			Chang	e ∑ }	Addition	
NAME					6.2	NAME		ცი	INNIE CHIRI	MAME					
STREET ADDRESS					6.3	STREET	ADDRE	ss Eo	3 GOTH AV	DR W	•				
CITY-ST-ZIP					6.4	CITY-S	T-ZIP	- Bi	CADENTON	FL 3	4207				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stafed in Section 119.07(3)(k), 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.

SIGNATURE:

Cathy IGNATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-755-6628 Daytime Phone #