FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # N9400 HORE ATHLETIC BOOSTERS	0004806 (5 s, inc.	5)	
Principal Plac	e of Business	Mailing Address		I TOBRICON BIR IDINI DIDII DONIN BRINI DONIN DENIN DENIN DIRIN DIRIN DENIN DENIN DENIN DENIN DENIN DENIN DENIN
703 65TH AVENUE DR. W BRADENTON FL 34207 US		706 65TH AVENUE DR. W BRADENTON FL 34207 US		3. Date Incorporated or Qualified 09/28/1994 4. FEI Number Applied For
				65-0574754 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired See Regulred Fee Regulred
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees
23	•	28		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered Agent
TIOON	DOMALO O			
Tison, donald o. 703 65th Avenue dr. W			82 Stree	Address (P.O. Box Number is Not Acceptable)
BRADENTON FL 34207			63	
0,100			84 City	■■ 85 Zip Code
			"	FL 1 1
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 regist office or register to 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 registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
		ation of, Section 617.0503, I	Florida Statutes.	0//00
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (N	OTE: Registered Agent signatu	re required when reinstating) DAFE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	TISON, DONALD O.		1.2 NAME	
STREET ADDRESS	703 65TH AVENUE DR. W		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	Decem	1.4 CITY-ST-ZIP	D Change L Addition
TITLE NAME	VD	☐ DELETE	2.1 TITLE 2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	TISON, CATHY J 703 65TH AVE. DR. WEST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	Change Addition
NAME	LYKINS, NORMA		3.2 NAME	
STREET ADDRESS	5815 11TH ST. E.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		3.4. CITY - ST - ZIP	
TITLE	TD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTIAN, BONNIE		4. 2 NAME	
STREET ADDRESS	803 65TH AV. DRIVE W.		4.3 STREET ADDRESS	1
CITY-ST-ZIP	BRADENTON FL	DELETE	4.4 CITY - ST - ZIP 5.1 TiTLE	Change Addition
NAME			5.1 MLE 5.2 NAME	Change () Auditon
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			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.

Feb 10 1998 8:00am

Secretary of State