

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90007 006 ****61.25

DOCUMENT # N95000001660

1. Corporation Name

SADDLEBROOK ACADEMY BOOSTERS CLUB, INC.

Principal Place of Business

5700 SADDLEBROOK WAY
WESLEY CHAPEL FL 33543

Mailing Address

5700 SADDLEBROOK WAY
WESLEY CHAPEL FL 33543

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/07/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3378853	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIEHLE, GREGORY R
5700 SADDLEBROOK WAY
WESLEY CHAPEL FL 33543

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	DP	1.1 TITLE	DP
NAME	SPICIJARIC, NIVES	1.2 NAME	Vicki Gill
STREET ADDRESS	4947 MILLPOND RD., #3150	1.3 STREET ADDRESS	20214 Laurelwood Ln
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	1.4 CITY-ST-ZIP	Wesley Chapel, FL. 33543
TITLE	SD	2.1 TITLE	SD
NAME	GILL, VICKI	2.2 NAME	Stephanie Tedesco
STREET ADDRESS	30124 LAUREL WOOD	2.3 STREET ADDRESS	30301 Fairway Dr.
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	2.4 CITY-ST-ZIP	Wesley Chapel
TITLE	TD	3.1 TITLE	TD
NAME	ATWELL, MARSHA	3.2 NAME	Nives Spicijaric
STREET ADDRESS	29300 BAY HOLLOW DR #3258	3.3 STREET ADDRESS	5326 Kenberry Rd.
CITY-ST-ZIP	WESLEY CHAPEL FL	3.4 CITY-ST-ZIP	Wesley Chapel, FL. 33543
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-99 (813) 991-5762

Date

Daytime Phone #

CR2E037 (5/99)