

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 25 1997 8:00am
Secretary of State

DOCUMENT # **N95000003515 (2)**

1. Corporation Name

WOLVERINE FOOTBALL BOOSTERS CLUB INC.



Principal Place of Business

Mailing Address

**13860 WELLINGTON TRACE STE 12
STE 315
WELLINGTON FL 33414**

**13860 WELLINGTON TRACE STE 12
STE 315
WELLINGTON FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1995

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAKATOS, JAMES
13860 WELLINGTON TRACE STE 12
STE 315
WELLINGTON FL 33414**

81 Name

JAMES Bosley

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

13860 Wellington Trace Suite 12

83

Suite 315

84 City

Wellington

FL

85 Zip Code

33414

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

James R Bosley

9/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **RUDNET, LINDA**
STREET ADDRESS **16152 ORANGE BLVD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ DELETE
NAME **MASCARA, FRANK**
STREET ADDRESS **1865 TULIP LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☒ DELETE
NAME **RUDNET, BARRY**
STREET ADDRESS **16152 ORANGE BLVD**
CITY-ST-ZIP **WELLINGTON FL 33470**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **T TREASURER** ☐ Change ☒ Addition
1.2 NAME **JAMES Bosley**
1.3 STREET ADDRESS **2748 YARMOUTH DRIVE**
1.4 CITY-ST-ZIP **Wellington, FL 33414**

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

3.1 TITLE **D President Director** ☐ Change ☒ Addition
3.2 NAME **RAIPH TEZANOS**
3.3 STREET ADDRESS **13424 13th Place North**
3.4 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

4.1 TITLE **D Vice President Director** ☐ Change ☒ Addition
4.2 NAME **BARNEY JAWORSKI**
4.3 STREET ADDRESS **2075 POLO GARDENS DR #201**
4.4 CITY-ST-ZIP **Wellington, FL 33414**

5.1 TITLE **D Secretary Director** ☐ Change ☒ Addition
5.2 NAME **CAROL BOYD**
5.3 STREET ADDRESS **355 LAS PALMA ST**
5.4 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

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

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

8/25/97

(561) 640 3700

CP2E037 (4/97)