

FILE NOW: FILING FEE IS \$61.25

FILED

Oct 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mothman Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 13860 Wellington Trace STE 212 Suite, Apt. #, etc.	26 13860 Wellington Trace STE 212 Suite, Apt. #, etc.
22 Suite 315 City & State	27 Suite 315 City & State
23 Wellington, FL Zip Country	28 Wellington, FL Zip Country
24 33414	29 33414

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

BOSLEY, JAMES
13860 WELLINGTON TRACE STE 12
STE 315
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name	Bob MARGOLIS
82 Street Address (P.O. Box Number is Not Acceptable)	13860 Wellington Trace STE 212
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

Robert S. Margolis - Bob Margolis

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOSLEY, JAMES	
STREET ADDRESS	2748 YARMOUTH DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASCARA, FRANK	
STREET ADDRESS	1865 TULIP LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEZANOS, RALPH	
STREET ADDRESS	13424 13TH PL N	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAWORSKI, BARNEY	
STREET ADDRESS	2075 POLO GARDENS DR #201	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOYD, CAROL	
STREET ADDRESS	355 LAS PALMA ST	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob MARGOLIS	
1.3 STREET ADDRESS	657 Juniper place	
1.4 CITY-ST-ZIP	Wellington, FL 33414	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda MARGOLIS	
2.3 STREET ADDRESS	657 Juniper place	
2.4 CITY-ST-ZIP	Wellington, FL 33414	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GORDON DibaTISTO	
3.3 STREET ADDRESS	13860 Wellington Trace #212 STE 315	
3.4 CITY-ST-ZIP	Wellington, FL 33414	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RIVA HARRIS	
4.3 STREET ADDRESS	13860 Wellington Trace #212 STE 315	
4.4 CITY-ST-ZIP	Wellington, FL 33414	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KATHY CREPS	
5.3 STREET ADDRESS	13504 Jonquil Place	
5.4 CITY-ST-ZIP	Wellington, FL 33414	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAMES BOSLEY	
6.3 STREET ADDRESS	13860 Wellington Trace #212 STE 315	
6.4 CITY-ST-ZIP	Wellington, FL 33414	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(f), 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:

James R. Bosley

James R Bosley

7/10/98

(561) 640 3700

CR2E037 (10/97)