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Secretary of State

03-16-1999 90142 041 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000003515

1. Corporation Name

WOLVERINE FOOTBALL BOOSTERS CLUB INC.

Principal Place of Business

13860 WELLINGTON TRACE, SUITE 212
STE 315
WELLINGTN FL 33414
US

Mailing Address

13860 WELLINGTON TRACE, SUITE 212
STE 315
WELLINGTN FL 33414
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSLEY, JAMES

13860 WELLINGTON TRACE, SUITE 212

STE 315

WELLINGTN FL 33414

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 **C** ☐ DELETE

NAME **MARGOLIS, BOB**

STREET ADDRESS **657 JUNIPER PLACE**

CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **S** ☐ DELETE

NAME **MARGOLIS, LINDA**

STREET ADDRESS **657 JUNIPER PLACE**

CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **T** ☐ DELETE

NAME **DIBATTISTO, GORDON JR**

STREET ADDRESS **13860 WELLINGTON TRACE #212, SUITE 315**

CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ DELETE

NAME **HARRIS, RIVA**

STREET ADDRESS **13860 WELLINGTON TRACE #212, SUITE 315**

CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ DELETE

NAME **CREPS, KATHY**

STREET ADDRESS **13504 JONQUIL PLACE**

CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ DELETE

NAME **BOSLEY, JAMES**

STREET ADDRESS **13860 WELLINGTON TRACE #212, SUITE 315**

CITY-ST-ZIP **WELLINGTON FL 33414**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)