


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000005198 (5)
1. Corporation Name
SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.



Principal Place of Business Mailing Address
12323 91ST TERRACE NORTH SEMINOLE FL 34642 12323 91ST TERRACE NORTH SEMINOLE FL 34642

3. Date Incorporated or Qualified
11/02/1995
4. FEI Number
59-3341458 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 12343 91 Ter NO
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 Seminole FLA
24 Zip 25 Country 29 33772 30 Pinellas

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
TAYLOR, JACK
12323 91ST TERRACE NORTH
SEMINOLE FL 34642

10. Name and Address of New Registered Agent
81 Name Bill Killalea
82 Street Address (P.O. Box Number is Not Acceptable) 12343 91 Ter NO
83
84 City Seminole FLA FL 85 Zip Code 33772

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 JACK TAYLOR Signature, typed or printed name of registered agent and title, if applicable (NOT Registered Agent signature required when reinstating) DATE 1/29/98

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, JACK
STREET ADDRESS	12323 91ST TERRACE NORTH
CITY-ST-ZIP	SEMINOLE FL 34642
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAW, WES
STREET ADDRESS	12323 91ST TERRACE NORTH
CITY-ST-ZIP	SEMINOLE FL 34642
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KELLY, DANIEL
STREET ADDRESS	12323 91ST TERRACE NORTH
CITY-ST-ZIP	SEMINOLE FL 34642
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, SUSAN
STREET ADDRESS	12323 91ST TERRACE NORTH
CITY-ST-ZIP	SEMINOLE FL 34642
TITLE	D <input type="checkbox"/> DELETE
NAME	BILL KILLALEA
STREET ADDRESS	12343-91ST TER. N.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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.

SIGNATURE Bill Killalea

CR2E037 (10/97)