

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1998 8:00am
Secretary of State

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

DOCUMENT # N96000002413 (0)

1. Corporation Name

SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC

Principal Place of Business

Mailing Address

2701 RIDGEWOOD AVE.
SANFORD FL 32773

2701 RIDGEWOOD AVE.
SANFORD FL 32773

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

59-3394585

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CLARK, JEFFREY R
115 SHEALEY ROAD
LAKE MARY FL 32701

81 Name

Thomas W. Moore

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

3835 Beardall Ave

83

84 City

Sanford

FL

85 Zip Code

32773

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

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

Thomas W. Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

8/25/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CLARK, JEFFREY R | |
| STREET ADDRESS | 115 SHEALEY ROAD | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |

| | | |
|----------------|----------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | VINSON, DIANE | |
| STREET ADDRESS | 1805 WINGFIELD DRIVE | |
| CITY-ST-ZIP | LONGWOOD FL 32770 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MCNEAL, C.J. | |
| STREET ADDRESS | 798 SILVERWOOD DRIVE | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |

| | | |
|----------------|------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | GONAS, GREG | |
| STREET ADDRESS | 215 RIDGE DRIVE | |
| CITY-ST-ZIP | SANFORD FL 32773 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Thomas W. Moore | |
| 1.3 STREET ADDRESS | 3835 Beardall Ave | |
| 1.4 CITY-ST-ZIP | Sanford, FL 32773 | |

| | | |
|--------------------|-----------------------|--|
| 2.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Sandra Foster-Bronson | |
| 2.3 STREET ADDRESS | 102 W. Woodland Dr. | |
| 2.4 CITY-ST-ZIP | Sanford, FL 32773 | |

| | | |
|--------------------|--|---|
| 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 | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Carl Lee | |
| 4.3 STREET ADDRESS | 2701 Ridgewood Ave | |
| 4.4 CITY-ST-ZIP | Sanford, FL 32773 | |

| | | |
|--------------------|--|---|
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/98

Date

Daytime Phone #

407-322-2421

CR2E037 (5/98)