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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003427 (9)**

1. Corporation Name

TATE HIGH SCHOOL CHEER ASSOCIATION, INC.



Principal Place of Business 2700 PARKER RD CANTONMENT FL 32533 US	Mailing Address 2700 PARKER RD CANTONMENT FL 32533 US
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3. Date Incorporated or Qualified 06/25/1996
4. FEI Number 59-3398640
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 1101 Summer Shade Lane	2a. Mailing Address 26 P.O. Box 465
22 Suite, Apt. #, etc. Cantonment, FL	27 Suite, Apt. #, etc. GONZALEZ, FL
23 City & State Cantonment, FL	28 City & State GONZALEZ, FL
24 Zip 32533	25 Country US
29 Zip 32560	30 Country US

9. Name and Address of Current Registered Agent PARKER, LOUISE 2700 PARKER RD CANTONMENT FL 32533	10. Name and Address of New Registered Agent 81 Name: CHERYL GILG 82 Street Address (P.O. Box Number is Not Acceptable): 1101 SUMMER SHADE LANE 83 84 City: CANTONMENT FL 85 Zip Code: 32533
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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 Cheryl K. Gilg Cheryl K. Gilg TREASURER 4/30/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME PARKER, LOUISE	
STREET ADDRESS 2700 PARKER RD	
CITY-ST-ZIP CANTONMENT FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME MANNING, KATHY D	
STREET ADDRESS 3265 COPPER RIDGE CR	
CITY-ST-ZIP CANTONMENT FL	
TITLE ATD	<input checked="" type="checkbox"/> DELETE
NAME LEWIS, LUANN	
STREET ADDRESS 1840 MATE CIR	
CITY-ST-ZIP CANTONMENT FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME FARROLL, CAHTLEEN	
STREET ADDRESS 3204 COLWYN DR	
CITY-ST-ZIP CANTONMENT FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME TERRIE McDANIEL	
1.3 STREET ADDRESS 263 MAN O'WAR CIRCLE	
1.4 CITY-ST-ZIP CANTONMENT, FL 32533	
2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME LUANN LEWIS	
2.3 STREET ADDRESS 1840 MATE CIRCLE	
2.4 CITY-ST-ZIP CANTONMENT, FL 32533	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME CHERYL Gilg	
3.3 STREET ADDRESS 1101 SUMMER SHADE LANE	
3.4 CITY-ST-ZIP CANTONMENT, FL 32533	
4.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME KAREN SMITH	
4.3 STREET ADDRESS 11584 DUELING OAKS DRIVE	
4.4 CITY-ST-ZIP PENSACOLA, FL 32514	
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 Cheryl K. Gilg Cheryl K. Gilg 4/30/98 CR2E037 (1097)