FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 NOV -9 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000871

1. Corporation Name
EAST LAKE EAGLES WRESTLING BOOSTERS, INC.

Principal Place of Business	Mailing Address
1831 MARILYN DRIVE CLEARWATER FL 34619	1831 MARILYN DRIVE CLEARWATER FL 34619

09/03/99 90002 005 #61.25

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 02/17/1997

4. FEI Number: ~~APPLIED FOR~~ 59-3604020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COLLINGS, PETER
1831 MARILYN DRIVE
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, KATHY		1.2 NAME		
STREET ADDRESS	2619 WARWICK TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	WISNER, SHARON		2.2 NAME	Denise Prior	
STREET ADDRESS	2935 WYCOMBE WAY		2.3 STREET ADDRESS	4987 Cross Pointe Dr	
CITY-ST-ZIP	PALM HARBOR FL 34685		2.4 CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	WISNER, PHILLIP		3.2 NAME	Sue Willie	
STREET ADDRESS	2935 WYCOMBE WAY		3.3 STREET ADDRESS	4849 Ridgemore Circle	
CITY-ST-ZIP	PALM HARBOR FL 34685		3.4 CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	D	☐ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	ROBERTS, PAT		4.2 NAME		
STREET ADDRESS	2619 WARWICK TR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, PETER		5.2 NAME		
STREET ADDRESS	1831 MARILYN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	~~D~~ S	☐ Change ☒ Addition
NAME			6.2 NAME	Vicki Hafner	
STREET ADDRESS			6.3 STREET ADDRESS	1381 Forestedge Blvd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	OLDSMAR FL 34677	

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: Pat Roberts **SIGNATURE REQUIRED** 8-29-99 727-785-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

pl Denise Prior 10-28-99 727-787-8237

CR2E037 (11/98)