


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
 Aug 13 1998 8:00am
 Secretary of State

0012872

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000969 (2)

1. Corporation Name

CHARLOTTE RANGERS BOOSTER CLUB, INC.



Principal Place of Business 23263 LEHIGH AVENUE PORT CHARLOTTE FL 33954	Mailing Address 23263 LEHIGH AVENUE PORT CHARLOTTE FL 33954
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3. Date Incorporated or Qualified 02/19/1997	
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable

21. Principal Place of Business 23262 Lehigh Avenue	2a. Mailing Address 23262 Lehigh Avenue		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State Port Charlotte, FL	26. City & State Port Charlotte, FL		
24. Zip 33954	25. Country Charlotte	29. Zip 33954	30. Country Charlotte

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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
 460 S. INDIANA AVENUE
 ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLLENBERG, WILFRIED W SR	
STREET ADDRESS	13535 LONGWOOD AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, LYNN	
STREET ADDRESS	2084 BOURBON STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOWERKO, ANDREW	
STREET ADDRESS	22585 ELMIRA BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROWLEY, REX L	
STREET ADDRESS	406 N INDIANA AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDING, ROY	
STREET ADDRESS	13398 BRONZE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lilli Ritchie-Bearon	
1.3 STREET ADDRESS	2616 Via Veneto Dr.	
1.4 CITY-ST-ZIP	Punta Gorda, FL. 33950	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dennis Craig	
2.3 STREET ADDRESS	8501 Placida Rd.	
2.4 CITY-ST-ZIP	Placida, FL. 33947	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steve Padgett	
3.3 STREET ADDRESS	21302 Coachman Av.	
3.4 CITY-ST-ZIP	Port Charlotte, FL. 33952	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andrew Kowenko	
4.3 STREET ADDRESS	22585 Elmira Blvd.	
4.4 CITY-ST-ZIP	Port Charlotte, FL. 33980	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Roy Harding	
5.3 STREET ADDRESS	13398 Bronze	
5.4 CITY-ST-ZIP	Port Charlotte, FL. 33981	
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: Frederick Wollenberg President 8-6-98 941-764-6313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)