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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000001228

1. Corporation Name

TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.

Principal Place of Business

603 NORTH NEW HAMPSHIRE AVENUE
TAVARES FL 32778

Mailing Address

603 NORTH NEW HAMPSHIRE AVENUE
TAVARES FL 32778



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/27/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 59-3457201

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAMBLE, SAMUEL
812 W MAUD ST
TAVARES FL 32778

SAME

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Samuel Gamble*

Samuel Gamble

4-30-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GAMBLE, SAMUEL
STREET ADDRESS 812 W MAUD ST
CITY-ST-ZIP TAVARES FL 32778

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME MYERS, MRS. C
STREET ADDRESS 3113 INDUSTRY DR
CITY-ST-ZIP TAVARES FL 32778

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Jody Tibbs
2.3 STREET ADDRESS 15720 Acorn Circle
2.4 CITY-ST-ZIP TAVARES, FL 32778

TITLE S ☒ DELETE
NAME HUEY, MR. M
STREET ADDRESS 38908 ELLA DR
CITY-ST-ZIP LADY LAKE FL 32159

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Ellen Coggins
3.3 STREET ADDRESS 603 N. New Hampshire
3.4 CITY-ST-ZIP TAVARES, FL 32778

TITLE TD ☐ DELETE
NAME WITSMAN, MR. C
STREET ADDRESS 603 N NEW HAMPSHIRE
CITY-ST-ZIP TAVARES FL 32778

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DAVIS, MR. R
STREET ADDRESS 703 N ROCKINGHAM AVE
CITY-ST-ZIP TAVARES FL 32778

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WALTON, MR. P
STREET ADDRESS 27645 LOIS DR
CITY-ST-ZIP TAVARES FL 32778

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Samuel Gamble* *Samuel Gamble* 4-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)