

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90037 021 ****61.25

DOCUMENT # N97000001527

1. Entity Name

WINTER SPRINGS HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business

**130 TUSCAWILLA ROAD
WINTER SPRINGS FL 32708**

Mailing Address

**P.O. BOX 195238
WINTER SPRINGS FL 32719-5238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0172274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, ROGER
900 WINDERLEY PL
105
MAITLAND FL 32751**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CUCCI, PAT**
STREET ADDRESS **755 SYBILWOOD CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VPFR** ☐ Delete
NAME **SERGRETARIO, GARY**
STREET ADDRESS **1786 SENECA BLVD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **CLD** ☐ Delete
NAME **MASESSA, BARBARA**
STREET ADDRESS **1729 SENECA CREEK LANE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VPM** ☐ Delete
NAME **HUTTON, COLLEEN**
STREET ADDRESS **102 SPRING CREEK LANE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **TD** ☐ Delete
NAME **APP, DENISE**
STREET ADDRESS **1192 FREEDOM LANE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **TD** ☐ Delete
NAME **CONE, KAY L**
STREET ADDRESS **1111 ARBOR GLEN CIR**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Keel, Rick**
STREET ADDRESS **618 Pony Ct.**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **VPFR/D** ☒ Change ☐ Addition
NAME **Hodges, Karl**
STREET ADDRESS **908 Arabian Ave**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **SD** ☒ Change ☒ Addition
NAME **Santana, Raquel**
STREET ADDRESS **1011 Sapling Dr**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **VPM/D** ☒ Change ☐ Addition
NAME **Hopkins, Marcie**
STREET ADDRESS **219 Chestnut Ridge St**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **PDI/Ass** ☐ Change ☒ Addition
NAME **Runda, Mike**
STREET ADDRESS **614 Pony Ct.**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kay L. Cone **Kay L. Cone** **4-14-04** **407-696-8125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #