## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998

NAME

STREET ADORESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandrays, Morthsom

FILED

Jun 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # N97000002363 (6)

## WARHAWK WRESTLING BOOSTER CLUB. INC.

Principal Place of Business Mailing Address 510 -115TH AVE 510 -115TH AVE 3. Date Incorporated or Qualified TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 04/24/1997 4. FEI Number Applied For 59-3444692 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOYT, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 510 -115TH AVE TREASURE TOLAND FL 33706 83 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE Change Addition William Ituri 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Treese Island VAMES BOTH - VIP, 8101 - Most Newton CITY-ST-7IP 1.4 CITY - ST - ZIP Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Rubard Silvan - Secretary D CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Semine Plaist 33772 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE

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.