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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000002363

1. Corporation Name

WARHAWK WRESTLING BOOSTER CLUB, INC.

Principal Place of Business
510 -115TH AVE
TREASURE ISLAND FL 33706

Mailing Address
510 -115TH AVE
TREASURE ISLAND FL 33706



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3444692

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

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

HOYT, WILLIAM
510 -115TH AVE
TREASURE ISLAND FL 33706

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

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	PD	1.1 TITLE	
NAME	WILLIAM HOYT	1.2 NAME	
STREET ADDRESS	510 115TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33726	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	JAMES BERRILL	2.2 NAME	
STREET ADDRESS	8101 140TH ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33776	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	RICHARD SULLIVAN	3.2 NAME	
STREET ADDRESS	8473 121ST ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

WILLIAM HOYT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/99 727-363-8054

CR2E037 (11/98)