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May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003946 (7)

1. Corporation Name

OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BO
OSTER CLUB, INC.



Principal Place of Business

Mailing Address

801 KING STREET
OVIEDO FL 32765

601 KING STREET
OVIEDO FL 32765

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

59-3438468

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLANDER, CAROL
6082 TWIN LAKES DR
OVIEDO FL 32765

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 Junior Varsity Dance Director
NAME Michelle Craven
STREET ADDRESS 601 King St.
CITY-ST-ZIP Oviedo, FL 32765

1.1 TITLE President (P)
1.2 NAME Marsha D. Prince - D
1.3 STREET ADDRESS 111 Sisso Cove
1.4 CITY-ST-ZIP Winter Springs FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Patti Blake - D
2.2 NAME Patti Blake - D
2.3 STREET ADDRESS 665 White Oak Ct
2.4 CITY-ST-ZIP Winter Springs FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Amy Goodwin - D
3.2 NAME Amy Goodwin - D
3.3 STREET ADDRESS 1065 Abell Circle
3.4 CITY-ST-ZIP Oviedo FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

Marsha D. Prince (Marsha D. Prince) 02/23/98

(301)
3-20-0050

CR2E037 (10/97)