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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000003946**

1. Corporation Name

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

Principal Place of Business	Mailing Address
601 KING STREET OVIEDO FL 32765	601 KING STREET OVIEDO FL 32765

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/09/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3438468 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOLLANDER, CAROL
6082 TWIN LAKES DR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	PRINCE, MARSHA D		1.2 NAME	Ellen Welch	
STREET ADDRESS	111 SISSO COVE		1.3 STREET ADDRESS	100 Partridge Cr.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	VD	☑ DELETE	2.1 TITLE	VD Debbie Shulman	☑ Change ☐ Addition
NAME	BLAKE, PATTI		2.2 NAME		
STREET ADDRESS	665 WHITE OAK CT		2.3 STREET ADDRESS	491 Carolyn Dr	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2.4 CITY-ST-ZIP	Oviedo FL 32765	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	GOODWIN, AMY		3.2 NAME	Linda Lougee	
STREET ADDRESS	1065 ABELL CIR		3.3 STREET ADDRESS	1838 Carillon Park Dr.	
CITY-ST-ZIP	OVIEDO FL 32765		3.4 CITY-ST-ZIP	Oviedo FL 32765	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 4/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #