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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004830 (2)**

1. Corporation Name

A.G.A. BOOSTERS, INC.



Principal Place of Business 7502 SE SANDPIPER STREET HOBE SOUND FL 33455	Mailing Address 7502 SE SANDPIPER STREET HOBE SOUND FL 33455
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3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-0786969

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

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOPKO, JAMES
2307 S.E. MONTEREY ROAD
STUART FL 34996**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WINCLIP, NICOLE	
STREET ADDRESS	7502 SE SANDPIPER STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORABITO, LORI	
STREET ADDRESS	5125 SE ORANGE	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, ROBIN	
STREET ADDRESS	1700 NW RIVER TRAIL	
CITY-ST-ZIP	STUART FL 34994	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCKES, MARY ANN	
STREET ADDRESS	408 SW DOLORES AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Winchip, Nicole	
1.3 STREET ADDRESS	(D)	
1.4 CITY-ST-ZIP	(D)	

2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eric DillenKofen	
2.3 STREET ADDRESS	2382 SW Independence	
2.4 CITY-ST-ZIP	Pl. St. Lucie, FL 34953	

3.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(D)	
3.3 STREET ADDRESS	(D)	
3.4 CITY-ST-ZIP	(D)	

4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pam Twombly	
4.3 STREET ADDRESS	2448 SE Harrison St.	
4.4 CITY-ST-ZIP	Stuart, FL 34997	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Nicole Winchip, Pres.** **1/28/98** **561-546-4880**

CFR2037 (10/97)