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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90013 022 \*\*\*\*61.25

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1. Corporation Name

KATHLEEN HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

469009 - 90013 - 44

Principal Place of Business

2600 CRUTCHFIELD ROAD  
LAKELAND FL 33801

Mailing Address

2600 CRUTCHFIELD ROAD  
LAKELAND FL 33801



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

08/26/1997

4. FEI Number

59-3473300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCMILLAN, TIMOTHY C  
2168 MALACHITE DRIVE  
LAKELAND FL 33810

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:

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 D ☒ DELETE  
NAME MCMILLAN, TIMOTHY C  
STREET ADDRESS 2168 MALACHITE DRIVE  
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☐ DELETE  
NAME WHITTLE, LARRY  
STREET ADDRESS 8018 PARK BYRD ROAD  
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☐ DELETE  
NAME LAWHON, JANICE A  
STREET ADDRESS 4004 ROLLING OAK DRIVE  
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ DELETE  
NAME THOMPSON, MIKE  
STREET ADDRESS 4246 SIMMS RD  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE A LAWHON

Date

4-28-99

941-499-5665

Daytime Phone #

CR2E037 (11/98)