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Apr 06 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 # **N97000004887 (2)**

1. Corporation Name

THE SICKLES HIGH SCHOOL OMNIBUS BOOSTER ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**7950 GUNN HWY
TAMPA FL 33626-1617**

**7950 GUNN HWY
TAMPA FL 33626-1617**

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3467376

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

**SKELTON, PATRICK
4720 DEERWALK AVE
TAMPA FL 33626-1617**

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 **SNYDER, DANA**
STREET ADDRESS **15312 SPRUSON STREET**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **D** ☐ DELETE
NAME **JOHNSON, CHUCK**
STREET ADDRESS **15006 MAURINE COVE LANE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **D** ☐ DELETE
NAME **MCRAE, ROBIN**
STREET ADDRESS **16201 COUNTRY CROSS DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☒ DELETE
NAME **PEREZ, JOE**
STREET ADDRESS **8747 OSAGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ DELETE
NAME **VOLLARO, SARA**
STREET ADDRESS **15604 INDIAN QUEEN DRIVE**
CITY-ST-ZIP **ODESSA FL 33556-3011**

TITLE **D** ☐ DELETE
NAME **LUCAS, BARB**
STREET ADDRESS **4310 GRAINARY DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **SNYDER, DANA**
1.3 STREET ADDRESS **15312 SPRUSON STREET**
1.4 CITY-ST-ZIP **ODESSA, FL 33556**

2.1 TITLE **N/D** ☒ Change ☐ Addition
2.2 NAME **JOHNSON, CHUCK**
2.3 STREET ADDRESS **15006 MAURINE COVE LANE**
2.4 CITY-ST-ZIP **ODESSA, FL 33556**

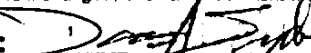
3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **MCRAE, ROBIN**
3.3 STREET ADDRESS **16201 COUNTRY CROSS DRIVE**
3.4 CITY-ST-ZIP **TAMPA, FL 33624**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **SKELTON, PATRICK**
4.3 STREET ADDRESS **4720 DEERWALK AV**
4.4 CITY-ST-ZIP **TAMPA, FL 33624**

5.1 TITLE **T/D** ☒ Change ☐ Addition
5.2 NAME **VOLLARO, SARA**
5.3 STREET ADDRESS **15604 INDIAN QUEEN DRIVE**
5.4 CITY-ST-ZIP **ODESSA, FL 33556-3011**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **MCINIG, JOYCE**
6.3 STREET ADDRESS **4607 GOLF BUD LANE**
6.4 CITY-ST-ZIP **TAMPA, FL 33624**

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:  **Dana A. Snyder President 3-30-98 813-891-4671**

CR2E037 (10/97)