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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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 (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (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

9. Name and Address of Current Registered Agent

SKELTON, PATRICK
4720 DEERWALK AVE
TAMPA FL 33626-1617

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	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SNYDER, DANA		1.2 NAME	SNYDER, DANA	
STREET ADDRESS	15312 SPRUSON STREET		1.3 STREET ADDRESS	15312 SPUSON STREET	
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	JOHNSON, CHUCK		2.2 NAME	JOHNSON, CHUCK	
STREET ADDRESS	15006 MAURINE COVE LANE		2.3 STREET ADDRESS	15006 MAURINE COVE LANE	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	☐ DELETE	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	MCRAE, ROBIN		3.2 NAME	MCRAE, ROBIN	
STREET ADDRESS	16201 COUNTRY CROSS DRIVE		3.3 STREET ADDRESS	16201 COUNTRY CROSS DRIVE	
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PEREZ, JOE		4.2 NAME	SKELTON, PATRICK	
STREET ADDRESS	8747 OSAGE DRIVE		4.3 STREET ADDRESS	4720 DEERWALK AV	
CITY-ST-ZIP	TAMPA FL 33634		4.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	☐ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	VOLLARO, SARA		5.2 NAME	VOLLARO, SARA	
STREET ADDRESS	15604 INDIAN QUEEN DRIVE		5.3 STREET ADDRESS	15604 INDIAN QUEEN DRIVE	
CITY-ST-ZIP	ODESSA FL 33556-3011		5.4 CITY-ST-ZIP	ODESSA, FL 33556-3011	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LUCAS, BARB		6.2 NAME	MEINIG, JOYCE	
STREET ADDRESS	4310 GRAINARY DRIVE		6.3 STREET ADDRESS	4607 GOLD BUD LANE	
CITY-ST-ZIP	TAMPA FL 33624		6.4 CITY-ST-ZIP	TAMPA, FL 33624	

CR2E037 (10/97)

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 3-30-98 813-871-4671