SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 20, 1999 8:00 am Secretary of State

FILED

07-20-1999 90014 023 ****70.00

N97000006111 \ **DOCUMENT #**

1. Corporation Name

BAYOU GEORGE FOOTBALL BOOSTER, INC.

Principal Place of Business

Mailing Address

6010 JAYCEE DRIVE (BALL PARK) YOUNGSTOWN FL 32466

P.O. BOX 1143 YOUNGSTOWN FL 32466

Suite, Apt. #, etc.													
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Zip	City & State			City & State				5. Certifcate of	Status Desired	Ø	— — — — —		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. 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 agent. I am familiar with, and accept the oblighting of Sections 617,0502 and 617,1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oblighting of Sections 617,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oblighting of Sections 617,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oblighting of Sections 617,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oblighting of Sections 617,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oblighting of Sections 617,0503, Florida Statutes. The approximate agent of directors. I hereby accept the appointment agent agen		Country	20	Zip	Countr	y		6. Election Cam	paign Financing		\$5.00	May Be	
9. Name and Address of Current Registered Agent CERTALICH, GARY 6546 KEIBER CIRCLE YOUNGSTOWN FL 32466 11. Pursuant to the provisions of Sections 817 0502 and 817 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar wity, and accept the objectory of 1,500, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar wity, and accept the objectory of 1,500, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar wity, and accept the objectory of 1,500, Florids Statutes. SIGNATURE X Superior Type of 1,500, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar wity, and accept the objectory of 1,500, Florids Statutes. SIGNATURE X Superior Type of 1,500, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent to mainly the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar wity, and accept the objectory of 1,500, Florids Statutes. SIGNATURE X Superior Type Agent Statutes and the superior of 1,500, Florids Statutes. CERTALICH, GARY STREET ADDRESS GENT ST. 2P CERTALICH, GARY STREET ADDRESS GENT ST. 2P CHARGE STREET ADDRESS GENT ST. 2P CHARGE STREET ADDRESS GENT ST. 2P CHARGE ST. 2P CHARGE STREET ADDRESS GENT ST. 2P CHARGE ST. 2P CHARG	24	 1	20	· -	~~ ,	•					*	•	
CERTALICH, GARY 6546 KEIBER CIRCLE YOUNGSTOWN FL 32466 42 City FL 85 Zip Code 675 Core 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, 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, 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, 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, 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, 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, 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, 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 and accept the appointment as registered agent and accept the appointment as registered. 2 Correct Agent A	24					_		10. Name and A	ddress of New F	Registered A	Agent		
6546 KEIBER CIRCLE YOUNGSTOWN FL 32466 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 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, and accept the objections of 57,0503, Florida Statutes. ISIGNATURE Signature Type of the objection of 17,0503, Florida Statutes. In familiar with a purpose of changing its registered agent and see a spot case of 17,0503, Florida Statutes. INOTE: Registered Agent signature required when reinstating) ITIE PD OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIE PD OFFICERS AND DIRECTORS IN 12 INVESTMENT ADDRESS CITY-51-2P TO DAWS, TERESA ID834 SAULS LANE 23 INTEET ADDRESS OTY-51-2P TO OBJECT ITIE DAWS STREET ADDRESS OTY-51-2P TO OBJECT AUSTREAMAN, BELINDA 33 STREET ADDRESS OTY-51-2P TO DELETE AUSTREAMAN, BELINDA 34 CITY-51-2P TO OBJECT AUSTREAMAN BELINDA 35 STREET ADDRESS OTY-51-2P TO DELETE AUSTREAMAN, BELINDA 55 STREET ADDRESS OTY-51-2P TO DELETE 51 TITLE Change Addition ADDRESS OTY-51-2P Change Addition Addition ADDRESS OTY-51-2P Change Addition Addition ADDRESS OTY-51-2P Change Addition Addition ADDRESS ADD					81	ı	Name	<u></u>					
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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 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 pulgistered statutes. SIGNATURE) SIGNATURE SIGNATU						3		-	****				
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 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 obligatory of Saution 617.0503, Florida Statutes. SIGNATURE SUPMILIAR SUPPLY printing inglished agent and the ill applicable. (NOTE Registered Agent signature inquired when reinstating). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD CERTALICH, GARY 12 MAME CERTALICH, GARY STREET ADDRESS CITY-ST-ZP YOUNGSTOWN FL 32466 TITLE DAVIS, TERESA STREET ADDRESS GRASS ASULS LANE YOUNGSTOWN FL 32466 DELETE 1.1 TITLE DAVIS, TERESA STREET ADDRESS GRASS ASULS LANE YOUNGSTOWN FL 32466 DELETE 3.1 STREET ADDRESS GRASS ASULS LANE YOUNGSTOWN FL 32466 DELETE 3.1 STREET ADDRESS GRASS ASULS CALLE 1.1 TITLE DELETE 1.1 TITLE TD Change Additional Change Addi	YUUNGS	10WN FL 32400									,		
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 are registered agent, or and accept the objection of 3, sacin 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment are 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 are 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 are 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 are gistered agent, or both, in the State of Glorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment are gistered agent, or both, in the State of Glorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are gistered agent, or both and accept the objectors. I hereby accept the appointment as a pagistered agent, or both and accept the objectors. I hereby accept the appointment as a pagistered agent, or both and accept the objectors. I hereby accept the appointment as a pagistered agent, or both and accept the objectors. I hereby accept the appointment as a pagistered agent, or both and accept the objectors. I hereby accept the appointment as a pagistered agent, or both and accept the objectors. I have considered agent and accept the objectors. I have considered and accept the objectors. I have considered and ac					84	ŀ	City			FI	85 Zip	Code	
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Signature Right-For pringfunged registered agent and tall all projectables (NOTE: Registrator Agent signature required when reinstating)	agent. I a	m familiar with, and accept the obligat	ope of	Section 617.0503, Florid	da Statute	S.			W.	bg / 12	-190	2	
12.	SIGNATURE	(Days (10	a			_			Х.	T / C	///		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:X

CITY-ST-ZIP