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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90081 041 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000000255**

1. Corporation Name

**CROOMS ACADEMY ATHLETIC BOOSTER CLUB, INC.**

Principal Place of Business

**2200 WEST 13TH STREET  
SANFORD FL 32771**

Mailing Address

**2200 WEST 13TH STREET  
SANFORD FL 32771**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		01/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3506620	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30					

9. Name and Address of Current Registered Agent

**F & L CORP.  
200 LAURA STREET  
THIRD FLOOR  
JACKSONVILLE FL 32201-0240**

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTHIE, REV R	1.2 NAME	
STREET ADDRESS	1311 OAK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREGORY	2.2 NAME	
STREET ADDRESS	550 TUSKAWILLA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONADONNA, APRIL	3.2 NAME	D Barnes, Arthur L.
STREET ADDRESS	2200 WEST 13TH STREET	3.3 STREET ADDRESS	2428 S. Holly Av
CITY-ST-ZIP	SANFORD FL 32771	3.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, ALEXANDER III	4.2 NAME	
STREET ADDRESS	2701 RIDGEWOOD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. HARDY-BLAKE	5.2 NAME	
STREET ADDRESS	2701 RIDGEWOOD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*April W. Merthie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April W. Merthie

April 12, 1999 324- 0226

Date Daytime Phone #

CR09037 (11/98)