

FILED
May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003918

1. Corporation Name

LYMAN HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.
 Principal Place of Business
 865 SOUTH COUNTY ROAD 427
 LONGWOOD FL 32750

 Mailing Address
 865 SOUTH COUNTY ROAD 427
 LONGWOOD FL 32750

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 570118 - 90003 - 22


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$9.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOMARY, SAM
 865 SOUTH COUNTY ROAD 427
 LONGWOOD FL 32750

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	President & Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Riggle	1.2 NAME	
STREET ADDRESS	116 Water Oak Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32714	1.4 CITY-ST-ZIP	
TITLE	Vice President & Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Cangioli	2.2 NAME	
STREET ADDRESS	1390 Guinevere Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry, FL 32707	2.4 CITY-ST-ZIP	
TITLE	Secretary & Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucia Knutson	3.2 NAME	
STREET ADDRESS	312 Oak Hill Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32701	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Hovey	4.2 NAME	
STREET ADDRESS	549 Brookside Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Springs, FL 32708	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:

 Jean M. Hovey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Jean M. Hovey

 4/29/99 407-423-7656
 Date Daytime Phone #

CR2E037 (1/98)