

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 09, 1999 8:00 am  
Secretary of State

09-09-1999 90004 039 \*\*\*\*61.25

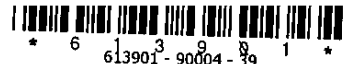
DOCUMENT # N98000004282

Corporation Name  
ORLANDO SOLAR BEARS BOOSTER CLUB, INC.

~~8701 MAITLAND SUMMIT BLVD.~~  
~~MAITLAND, FL 32810~~

Principal Place of Business Mailing Address

8701 MAITLAND SUMMIT BLVD.  
MAITLAND FL 32810



\* 6 613901-90004-39 1 \*

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26 PO Box 521085		8-28-98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-3528637	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		28 LONGWOOD FL			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CANDY MCCRARY				81 Name JANICE G. GOEBEL			
1355 RETREAT ROAD				82 Street Address (P.O. Box Number is Not Acceptable) 358 GLENHOLLY CT			
GENEVA FL 32732 US				83			
				84 City CASSELBERRY FL 85 Zip Code 32707			

I, 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.

GNATURE Janice G. Goebel JANICE G. GOEBEL 9-3-99  
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			
1. TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2. NAME	MCCRARY, CANDY			1.2 NAME	SNYDER, RUSSEL		
3. STREET ADDRESS	8701 MAITLAND SUMMIT BLVD			1.3 STREET ADDRESS	8701 MAITLAND SUMMIT BLVD		
4. CITY-STATE-ZIP	MAITLAND FL 32751			1.4 CITY-STATE-ZIP	MAITLAND FL 32751		
1. TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2. NAME	TSCHANNEN, ANGELA M			2.2 NAME	PERKINS, MARJORIE		
3. STREET ADDRESS	8701 MAITLAND SUMMIT BLVD			2.3 STREET ADDRESS	5028 PARK CENTRAL DR #2124		
4. CITY-STATE-ZIP	MAITLAND FL 32751			2.4 CITY-STATE-ZIP	ORLANDO FL 32839		
1. TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR, MEMBERSHIP SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2. NAME	CECHOWSKIE, LEONARD			3.2 NAME	BIERER, ELLA		
3. STREET ADDRESS	8701 MAITLAND SUMMIT BLVD			3.3 STREET ADDRESS	191 SPANISH OAK TRAIL		
4. CITY-STATE-ZIP	MAITLAND FL 32751			3.4 CITY-STATE-ZIP	LONGWOOD FL 32779		
1. TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR, RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2. NAME				4.2 NAME	GOEBEL, JANICE G.		
3. STREET ADDRESS				4.3 STREET ADDRESS	358 GLENHOLLY CT.		
4. CITY-STATE-ZIP				4.4 CITY-STATE-ZIP	CASSELBERRY FL 32707		
1. TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME				5.2 NAME			
3. STREET ADDRESS				5.3 STREET ADDRESS			
4. CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
1. TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME				6.2 NAME			
3. STREET ADDRESS				6.3 STREET ADDRESS			
4. CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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.

GNATURE: Janice G. Goebel JANICE G. GOEBEL 9-3-99 407-263-3700  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)