
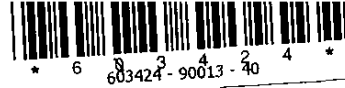


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90013 040 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005272		
1. Corporation Name GULF COAST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, I NC.		
Principal Place of Business 7878 IMMOKALEE RD NAPLES FL 34119	Mailing Address 7878 IMMOKALEE RD NAPLES FL 34119	



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified 09/10/1998
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 65-0867993
23	City & State	28	City & State	5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YULES, MELANIE DR. 7878 IMMOKALEE RD NAPLES FL 34119				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (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	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOETTGER, PAM			1.2 NAME			
STREET ADDRESS	481 12TH AVE NW			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34120			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPILLER, FERNE			2.2 NAME			
STREET ADDRESS	2610 6TH AVE NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34120			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVUOTO, RITA			3.2 NAME	Rita Cavuoto		
STREET ADDRESS	4326 INCA DOVE CT			3.3 STREET ADDRESS	4888 Pond Apple Dr. N		
CITY-ST-ZIP	NAPLES FL 34119			3.4 CITY-ST-ZIP	Naples, FL 34119		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARRISON, CINDY			4.2 NAME			
STREET ADDRESS	6061 14TH AVE NW			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34119			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: Rita Cavuoto RITA CAVUOTO 7-30-99 941-592-1946
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10-3143

CR2E037 (5/99)