NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Same &

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007226

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90059 024 ****61.25

1. Corporation Name	# 1490000	0/220						
,	CHOOL TOUCHDOW	'N BOOSTER CLUI	3, INC.					
Principal Place of Business		Mailing Address		 				
1651 PINEHURST ROAD	•	1651 PINEHURST ROAD			1 1881 1181 818 1818(381)	. nami ealii abiit eami	10010 21010 140	18 8211 (8 8 1
DUNEDIN FL 34698 DUNEDIN FL 34698								
2. Principal Place of Busin	ess	2a. Mailing Address			3. Date Incorporated or Qua	befil		
21		26			12/21/1998		- Tay.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number			Applicable
22		City & State					A	
City & State		28			5. Certificate of Status Desire	ed 🗆 –	Fee Rec	berlup
-Zip	- Country	Zip		ntry	6. Election Campaign Finan	ding 🔲		May Be
		29	30		Trust Fund Contribution 10. Name and Address of N	aw Pagistered A	Added to) rees
9. Name	and Address of Current Re	agistered Agent		81 Name			<u>, - · · · · · · · · · · · · · · · · · · </u>	
				l "	MARK EVERET	T		
DONOHOE, TODD				82 Street Ad	Idress (P.O. Box Number is Not Ac	ceptable)		ł
1651 PINEHURST ROAD				83	57 ///w/	70-11-		
DUNEDIN FL 34698					·····		Table 1715 C	 _
			j	84 City I	DRNEDIN	FL	34	298
11. Pursuant to the provis	ions of Sections 617.0502 at	nd 617.1508, Florida Stat	utes, the at	ove-named co	exporation submits this statement for atton's board of directors. I hereby a	the purpose of c	ranging its r	egistered
office or registered ag	ent, or both, in the State of F	lorida, Such change was is of, Section 617,0503, F	authorized Iorida Stati	by the corpore	ation's board or directors. I hereby a	eccept me appoint	ment as reg	Deseid
SIGNATURE MARE	Alle Marie	AK EVERETT				FEB .	16, 1999	
Signature, typed	or printed name or registered agent with	d title if applicable. (NO		Agent signature requ	ADDITIONS/CHANGES TO	DATE	DIRECTOR	20 IN 12
12.	OFFICERS AND D	DELETE	13.	15	PRESIDENT -D		Change	☐ Addition
TITLE }		☐ bereie	1.1 71T 1.2 NA	· ·	TRESIDENT TE	e	A	
NAME			1	REET ADDRESS	BOB KRAMEN	BELL W		
STREET ADDRESS				Y-ST-ZIP	DUNEDIN FM	34698		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	21 111					
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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). Floride 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:

SOMATURE AND TYPED ON PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

2-15-94

813-286-052

Daytime Phone #