

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002413 (0)
 1. Corporation Name
SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC



Principal Place of Business 2701 RIDGEWOOD AVE. SANFORD FL 32773	Mailing Address 2701 RIDGEWOOD AVE. SANFORD FL 32773
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3. Date Incorporated or Qualified
05/01/1996

4. FEI Number
59-3394585

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**CLARK, JEFFREY R
 115 SHEALEY ROAD
 LAKE MARY FL 32701**

10. Name and Address of New Registered Agent

81 Name
Thomas W. Moore

82 Street Address (P.O. Box Number is Not Acceptable)
3835 Beardall Ave

83

84 City
Sanford

85 Zip Code
FL 32773

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 Thomas W. Moore Thomas W. Moore 8/25/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME CLARK, JEFFREY R	
STREET ADDRESS 115 SHEALEY ROAD	
CITY-ST-ZIP LAKE MARY FL 32746	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME VINSON, DIANE	
STREET ADDRESS 1805 WINGFIELD DRIVE	
CITY-ST-ZIP LONGWOOD FL 32770	
TITLE SD	<input type="checkbox"/> DELETE
NAME MCNEAL, C.J.	
STREET ADDRESS 796 SILVERWOOD DRIVE	
CITY-ST-ZIP LAKE MARY FL 32746	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME GONAS, GREG	
STREET ADDRESS 215 RIDGE DRIVE	
CITY-ST-ZIP SANFORD FL 32773	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Thomas W. Moore	
1.3 STREET ADDRESS 3835 Beardall Ave	
1.4 CITY-ST-ZIP Sanford, FL 32773	
2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Sandra Foster-Bronson	
2.3 STREET ADDRESS 102 W. Woodland Dr.	
2.4 CITY-ST-ZIP Sanford, FL 32773	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Carl Lee	
4.3 STREET ADDRESS 2701 Ridgewood Ave	
4.4 CITY-ST-ZIP Sanford, FL 32773	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Thomas W. Moore 8/6/98 407-322-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)