


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90004 001 \*\*\*\*61.25

**DOCUMENT # N0000005475**

1. Entity Name  
**SEABREEZE FOOTBALL BOOSTERS, INC.**



Principal Place of Business  
 2700 N ORLEANDER AVE  
 DAYTONA BEACH, FL 32118

Mailing Address  
 2700 N ORLEANDER AVE  
 DAYTONA BEACH, FL 32118

**54055807**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03202003 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**BECK, DAVID B ESQ**  
**404 N HALIFAX AVE**  
**DAYTONA BEACH, FL 32118**

4. FEI Number  
**59-3268757**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECK, DAVID B</b> <b>9 BIRCHWOOD TR</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSON, PAM</b> <b>36 RIVERRIDGE TRAIL</b> <b>ORMUND BCH, FL 32174</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALLOWAY, G.G.</b> <b>1305 OAK FOREST DR</b> <b>ORMOND BEACH, FL 32174</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PRESIDENT</b> <b>Marlene Seibert</b> <b>1189 N Halifax Dr.</b> <b>DAYTONA BEACH, FL 32118</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>Treasurer</b> <b>Lisa DelValle</b> <b>75 John Anderson Dr</b> <b>ORMOND BEACH PL 32176</b> <input type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>Secretary</b> <b>BOBA</b> <input type="checkbox"/> Delete</del>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>President</b> <b>Marlene Seibert</b> <b>1189 N. HALIFAX DR.</b> <b>Daytona Beach, FL 32118</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Treasurer</b> <b>Lisa DelValle</b> <b>75 John Anderson Dr.</b> <b>Ormond Beach, FL 32176</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lisa DelValle **5/26/04** **386-676-1657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #