


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 20, 2006 8:00 am  
Secretary of State**

02-20-2006 90026 018 \*\*\*\*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

**60018559**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



02152006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-3268757**

Applied For  
Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
BECK, DAVID B ESQ  
404 N HALIFAX AVE  
DAYTONA BEACH, FL 32118

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D**  Delete  
NAME **BECK, DAVID B**  
STREET ADDRESS **9 BIRCHWOOD TR**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **P**  Change  Addition  
NAME **DELVALLE, LISA S.**  
STREET ADDRESS **75 JOHN ANDERSON DRIVE**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **P**  Delete  
NAME **SEIBERT, MARLENE D**  
STREET ADDRESS **1189 N. HALIFAX DR**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **T**  Change  Addition  
NAME **KALLY A. WEBER**  
STREET ADDRESS **10 ST. JOHN'S PLACE**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **T**  Delete  
NAME **DELVALLE, LISA S**  
STREET ADDRESS **75 JOHN ANDERSON DR**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **KALLY A. WEBER, TREAS.** 2/15/06 386-4416674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #