


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006718 1. Entity Name FHS NJROTC BOOSTER CLUB, INC.	
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Principal Place of Business 18355 NW 12 STREET PEMBROKE PINES FL 33029	Mailing Address 18355 NW 12 STREET PEMBROKE PINES FL 33029
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



1st MOORE CR2E037 (10/04)

4. FEI Number 14-1845874	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, OLGA M 18355 NW 12 STREET PEMBROKE PINES FL 33029	7. Name and Address of New Registered Agent Name _____ Street Address (P. O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD GARCIA, OLGA M 450 NW 195 AVE PEMBROKE PINES FL 33029	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	VSD BATISTA, SUE 901 NW 141 AVE APT# 112 PEMBROKE PINES FL 33028	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	TD SILVESTRI, MARILYN 18355 NW 12 ST PEMBROKE PINES FL 33029	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Olga Garcia 2/3/05 954-438-8741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #