


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

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90041 014 \*\*\*\*61.25

**DOCUMENT # N02000006718**

1. Entity Name  
**FHS NJROTC BOOSTER CLUB, INC.**



Principal Place of Business  
**18355 NW 12 STREET  
 PEMBROKE PINES, FL 33029**

Mailing Address  
**18355 NW 12 STREET  
 PEMBROKE PINES, FL 33029**

**50024437**



2. Principal Place of Business  
**15678 NW 12 Road**

3. Mailing Address  
**15678 NW 12 Road**

Suite, Apt. #, etc.

05042006 Chg-NP CR2E037 (4/06)

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33028**

Country  
**USA**

Zip  
**33028**

Country  
**USA**

4. FEI Number  
**14-1845874**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

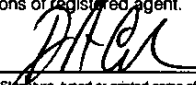
Name  
**Donnie A. Coker**

Street Address (P.O. Box Number is Not Acceptable)  
**1067 NW 155<sup>th</sup> Terrace**

City  
**Pembroke Pines FL**

Zip Code  
**33028**

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  **Donnie A. Coker P/D** **8/3/06**

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 September 6, 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

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME GARCIA, OLGA M	
STREET ADDRESS 450 NW 195 AVE	
CITY-ST-ZIP PEMBROKE PINES, FL 33029	
TITLE VSD	<input checked="" type="checkbox"/> Delete
NAME BATISTA, SUE	
STREET ADDRESS 901 NW 141 AVE APT# 112	
CITY-ST-ZIP PEMBROKE PINES, FL 33028	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME SILVESTRI, MARILYN	
STREET ADDRESS 18355 NW 12 ST	
CITY-ST-ZIP PEMBROKE PINES, FL 33029	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Donnie A. Coker	
STREET ADDRESS 1067 NW 155 <sup>th</sup> Terrace	
CITY-ST-ZIP Pembroke Pines FL 33028	
TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAGGIE CERA	
STREET ADDRESS 15678 NW 12 ROAD	
CITY-ST-ZIP PEMBROKE PINES FL 33028	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **8/3/06**, **Donnie A. Coker** **954-704-0999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #