2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004444

Entity Name: BRANFORD BOOSTER CLUB, INC.

FILED Nov 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: POST OFFICE BOX 1333 BRANFORD, FL 32008 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1333 BRANFORD, FL 32008 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BULLOCK, STEPHEN C ESQ. 116 NW COLUMBIA AVENUE LAKE CITY, FL 32055 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BULLOCK, STEPHEN Name: Name: 116 NW COLUMBIA AVENUE Address: Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: GARRETT, JEFF Name: Address: POST OFFICE BOX 10 Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change () Addition BYRD, TONYA Name: Name: POST OFFICE BOX 1374 Address: Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SPIVEY, TAMMY Name: POST OFFICE BOX 1333 Address: Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change () Addition KELLEY, ROBERT Name: Name: POST OFFICE BOX 612 Address: Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change () Addition TRISCH, CYNTHIA Name: Name: Address: POST OFFICE BOX 644 Address: BRANFORD, FL 32008 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN C. BULLOCK PD 11/01/2004