


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90194 049 ****70.00

DOCUMENT # N04000004371

1. Entity Name
 PALMETTO RIDGE BOOSTER CLUB, INC.



Principal Place of Business
 1655 COUNTY ROAD 858
 NAPLES, FL 34120

Mailing Address
 1655 COUNTY ROAD 858
 NAPLES, FL 34120

2. Principal Place of Business
 1655 Victory Lane
 Suite, Apt. #, etc.

3. Mailing Address
 1655 Victory Lane
 Suite, Apt. #, etc.

City & State
 Naples FL

City & State
 Naples FL

Zip
 34120

Country
 USA

Zip
 34120

Country
 USA



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GARNER, JOHN A
 800 LAUREL OAK DRIVE
 NAPLES, FL 34108

7. Name and Address of New Registered Agent
 Name Stella Thrushman
 Street Address (P.O. Box Number is Not Acceptable)
 2811 2ND ST NW
 City Naples FL Zip Code 34120

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 Stella Thrushman Treasurer 4-26-05
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, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	President Debra Phillips 304 15th St NW Naples, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Tina Clawson 315 21st St SW Naples, FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stella Thrushman 2811 2ND ST NW Naples, FL 34120 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stella Thrushman Stella Thrushman 4-26-05 353-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #