


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90309 002 \*\*\*\*61.25

**DOCUMENT # N04000007574**

1. Entity Name  
**CGHS JAGUARS CHEERLEADING BOOSTER CLUB, INC.**



Principal Place of Business  
 11251 NW 10TH MANOR  
 CORAL SPRINGS, FL 33071

Mailing Address  
 11251 NW 10TH MANOR  
 CORAL SPRINGS, FL 33071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**2700 Sportsplex Drive**

Suite, Apt. #, etc.

City & State  
**Coral Springs, Fl.**

City & State

Zip  
**33071**

Country  
**Broward**

Zip

Country

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**56-2474506**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.**  
**STE E 773 4TH AVE N**  
**NAPLES, FL 34102**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$81.25**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TALBOT, DEBBIE	11251 NW 10TH MANOR	CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Talbot, Debbie	11251 NW 10th Manor	Coral Springs, Fl 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Geisler, Star	12327 NW 27th Pl.	Coral Springs, Fl. 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Rogan, Linda	1125 NW 114th Ave.	Coral Springs, Fl 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Dresner, Carol	1317 NW 112th Terrace	Coral Springs, Fl. 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Debbie Talbot **Debbie Talbot** 3/30/05 954-255-5567

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