

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005189

Entity Name: DIAMOND BOOSTERS, INC.

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

119 C CORPORATION WAY
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 102
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 65-0781987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHEY, ARNOLD W JR.
119 C CORPORATION WAY
VENICE, FL 34292

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BRITTON, ANDREW J
Address: 245 N. TAMiami TRAIL STE. A
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HUGHEY, ARNOLD W JR
Address: 119C CORPORATION WAY
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: CURCIO, RICHARD
Address: 871 VENETIA BAY BLVD, STE 370
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: SHIPPS, PETER
Address: 13035 TAMiami TR., UNIT A
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: FAULKNER, CRAIG
Address: 3081 ENGLEWOOD RD
City-St-Zip: VENICE, FL 34292

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: KINDELL, KIMBERLY F
Address: 1219 VERMEER DRIVE
City-St-Zip: NOKOMIS, FL 34275

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: KIMBERLY F. KINDELL

TREA

05/01/2004

Electronic Signature of Signing Officer or Director

Date