


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 035 ****61.25

DOCUMENT # N98000003431					
1. Entity Name RIVERDALE HIGH SCHOOL ALL SPORTS BOOSTERS CLUB, INC.					
Principal Place of Business 2600 BUCKINGHAM ROAD FORT MYERS, FL 33905		Mailing Address 2600 BUCKINGHAM ROAD FORT MYERS, FL 33905			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0856417	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRUS, DIANE 2600 BUCKINGHAM ROAD FORT MYERS, FL 33905			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, JIM		NAME	CAVANAUGH MICHAEL	
STREET ADDRESS	2600 BUCKINGHAM ROAD		STREET ADDRESS	2600 BUCKINGHAM RD.	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP	FORT MYERS, FL. 33905	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANDO, FRED		NAME	STEVEN ADAMS	
STREET ADDRESS	2600 BUCKINGHAM ROAD		STREET ADDRESS	2600 BUCKINGHAM RD.	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP	FORT MYERS, FL. 33905	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELS, DAWN		NAME		
STREET ADDRESS	2600 BUCKINGHAM ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRUS, DIANE		NAME		
STREET ADDRESS	2600 BUCKINGHAM ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, NORMA		NAME	REVELS, KENNETH	
STREET ADDRESS	2600 BUCKINGHAM ROAD		STREET ADDRESS	2600 BUCKINGHAM RD.	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP	FT. MYERS, FL. 33905	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Diane L. Byrus</u> DIANE L. BYRUS			Date: <u>8/24/04</u>		Daytime Phone #: <u>239-694-4141</u>

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