**DOCUMENT #766756** 

## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2004 8:00 am Secretary of State

1. Entity Name SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB, 100.						02-09-2004	4 90045 0	42 ****(	51.25	
8401-131ST STREET NORTH				Mailing Address 8401-131ST STREET NORTH- SEMINOLE, FL 33776 US-					, · · . :	
2. Principal Place of Business 3.			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02032004 Chg-NP	, CR2E037	(10/03)			
City & State			City & State		4. FEI Number NOT APPLICABLE	··		plied For-		
Zip-	p Country		Zip.	ip - Country .		5. Certificate of Status Desired	\$9.75			
6. Name and Address of Current Registered Agent			t Registered Agent	7. Name and Address of New Registered Agent						
ALAKONACI	IZI TANIETTE		a tempo na transition	Name	Name					
MAKOWSKI, JANELLE'S 11209 SPRINGS ST LARGO, FL 33774					Street Address (P.O. Box Number is Not Acceptable)					
÷					City. FL Zip Code					
8. The above the obligat	named entity s tions of registers	ubmits this statement for ed agent.	or the purpose of changing its	registered office	or register	ed agent, or both, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or p	printed name of registered agen	Machine # applicable (NOTE	: Registered Agent sign	TLE Q	Men reinstating)	9-/L	0104	· .	
Filing Fee is \$61.25  Due by May 1, 2004  9. Election Campaig Trust Fund Contr							lake check ida Departn			
10.		OFFICERS AND DI	RECTORS	11.	P	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE	PD		☐ Delete	TITLE	SD	1.10		☐ Change	Addition	
NAME	CHAPPIE, J			NAME	CHA	PPIE DIANA			<b>*</b>	
STREET ADDRESS	11301 BELL	A LOMA		STREET ADDRESS					1	
A454 A45 A45				· ·		DI BELLA LOMA	,			
CITY-ST-ZIP	LARGO, FL	33774		CITY-ST-ZIP		160, FL 3377	4			
TITLE	SD		Delete	CITY-ST-ZIP			4	Change	Addition	
TITLE NAME	SD MASSIE, CII	NDY	Delete	CITY-ST-ZIP TITLE NAME	LA A Will	ian H Overto	4 n	Change	Addition	
TITLE NAME STREET ADDRESS	SD MASSIE, CII 19 ISLAND I	NDY DR		CITY-ST-ZIP TITLE NAME STREET ADDRESS	LA R Will 820	ian H Overton z 132NO STN	n	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSIE, CII 19 ISLAND I TREASURE	NDY		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAK VD Will 820 SK	ian H Overton	n 3776		7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD MASSIE, CII 19 ISLAND I TREASURE TD	NDY DR ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAR VD Will SE TD	ian H Overton z 132NO ST N minole, FL 33	n 3776	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD MASSIE, CII 19 ISLAND I TREASURE TD MAKOSWKI	NDY DR ISLAND, FL 33706 I, JANELLE		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LAK VD Will SE TD MA	ian H Overfor z 132 NO ST N minole, FL 33 KOWSKI, JANE	n 3776		7	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD MASSIE, CII 19 ISLAND I TREASURE TD MAKOSWKI 11209 SPRI	NDY DR ISLAND, FL 33706 , JANELLE NG STREET		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LAK VD WIN SE TD MAI	ian H Overford 132 NO ST N MINOLE, FL 33 NO ST N S	n 3776 LLE 2687		7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSIE, CII 19 ISLAND I TREASURE TD MAKOSWKI	NDY DR ISLAND, FL 33706 , JANELLE NG STREET	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LAK VD Will SE TD MA	ian H Overford 132 NO ST N MINOLE, FL 33 NO ST N S	n 3776 LLC 14	Change .	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD MASSIE, CII 19 ISLAND I TREASURE TD MAKOSWKI 11209 SPRI	NDY DR ISLAND, FL 33706 , JANELLE NG STREET		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP RILLE NAME STREET ADDRESS -CITY-ST-ZIP	LAK VD WIN SE TD MAI	ian H Overford 132 NO ST N MINOLE, FL 33 NO ST N S	n 3776 LLC 14		7	
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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.