2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91004 033 ****61.25

DOCUMENT # N95000005198

1. Entity Name

SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.

Principal Place of Business	Mailing Address
14163 81 AVE. NO. SEMINOLE FL 33776	14163 81 AVE. NO. SEMINOLE FL 33776 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
13045 POINSETTIA AVE	13045 POINSETTIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SEMINOLE, FLORIDA	SEMINOLE, FLORIDA
City & State	City & State
Zip 33776 Country USA	Zip 33776 Country USA

4. FEI Number 59-3341458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROUCH, DONALD
14163 81 AVE. NO.
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name JANA SIMONS

Street Address (P.O. Box Number is Not Acceptable)

13045 POINSETTIA AVE

City SEMINOLE **FL** Zip Code 33776

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 Jana F. Simons Jana F. Simons Pres. 4/26/04

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

FILE NOW: FEE IS $61.25 ✓ **Due By May 1, 2004**

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	T TAYLOR, JACK 12323 91ST TERRACE NORTH SEMINOLE FL 33772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JANA SIMONS 13045 POINSETTIA AVE SEMINOLE, FLORIDA 33776	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COMI, JAMIE 13088 93 AVE NO SEMINOLE FL 33776	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CINDY BANIN 1883 OAKDALE LANE NORTH CLEARWATER, FLORIDA 33764	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROUCH, DONALD 14163 81ST AVE NO SEMINOLE FL 33776	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JIM ALLEN 8245 FOREST CIRCLE SEMINOLE, FLORIDA 33776	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DARYL STARGEL 13131 CIMARRON CIRCLE SOUTH LARGO, FLORIDA 33774	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jana F. Simons Jana F. Simons 4/26/04 (727)365-4661

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