



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747603</b>	
1. Entity Name FLORIDA SHERIFFS BOYS RANCH ALUMNI ASSOCIATION, INC.	

Principal Place of Business P O BOX 2017 BOYS RANCH, FL 32060	Mailing Address P O BOX 2017 BOYS RANCH, FL 32060
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DO NOT WRITE IN THIS SPACE

	
02142005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2897229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
RIGGNS, LINDA D 6262 155TH DRIVE LIVE OAK, FL 32060	

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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)

Signature, typed or printed name of registered agent and date if applicable. DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, MARLIN 2115 36TH AVE. E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIGGINS, LINDA D 6262 155TH DRIVE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGKMAN, SUSAN P.O. BOX 1692 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/09/05-80022-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda D. Riggins LINDA D. RIGGINS 3/7/05 386-362-2588

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