

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90166 001 \*\*\*\*70.00

<b>DOCUMENT # 760609</b> 1. Entity Name <b>GOLDSEEKER'S BOOSTER CLUB, INC.</b>			
Principal Place of Business <b>13211 93RD STREET NORTH LARGO, FL 33773-326 US</b>		Mailing Address <b>13211 93RD STREET NORTH LARGO, FL 33773</b>	
2. Principal Place of Business <b>8550 126<sup>th</sup> Ave.</b>		3. Mailing Address <b>8550 126<sup>th</sup> Ave.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Largo, FL.</b>		City & State <b>Largo, FL.</b>	
Zip <b>33773</b> Country <b>USA</b>		Zip <b>33773</b> Country <b>USA</b>	
4. FEI Number <b>59-2138452</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VONSTETINA, TRISHA 10399 SILHAVY DR. LARGO, FL 33774</b>		7. Name and Address of New Registered Agent Name <b>Deborah Brannon</b> Street Address (P.O. Box Number is Not Acceptable) <b>8191 93<sup>rd</sup> St. N.</b> City <b>Seminole</b> <b>FL</b> Zip Code <b>33777</b>	
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 <i>Deborah Brannon</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VONSTETINA, TRISHA <input checked="" type="checkbox"/> Delete 10399 SILHAVY DR. LARGO, FL 33774		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VOYNOVICH, MARK <input type="checkbox"/> Delete 2637 PEACHTREE CIRCLE EAST CLEARWATER, FL 33761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDA, CAREY <input checked="" type="checkbox"/> Delete 2137 BRADFORD ST. CLEARWATER, FL 33761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOYNOVICH, NANCY <input type="checkbox"/> Delete 2637 PEACHTREE CIRCLE EAST CLEARWATER, FL 33761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIANELLA, MARISSA <input type="checkbox"/> Delete 403 MAPLEWOOD DR. OLDSMAR, FL 34677		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WRIGHT, SUSAN <input checked="" type="checkbox"/> Delete 3025 REGAL OAKS BLVD. PALM HARBOR, FL 34684		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Deborah Brannon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8191 93 <sup>rd</sup> St. N. Seminole, FL 33777		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Celeste Valenty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11522 Pine St. Seminole, FL 33772		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 <sup>nd</sup> Treasurer (Fundraising) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mike Carey 604 Foyette Dr. Safety Harbor, FL 34695		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olga Gonzales <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1381 Stonehenge Way Palm Harbor, FL 34683		
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: <i>Nancy Voynovich / Nancy Voynovich</i> 5/21/05 (727) 298-6036 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			