2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 770147

Entity Name: PALM BEACH COUNTY SEMINOLE BOOSTERS, INC.

Current Principal Place of Business:

P. O. BOX 14653
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 14653
N. PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2315725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPKO, WILLIAM G
1700 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HAFFEY, RYAN	
Address:	1441 BRANDYWINE RD #1000F	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	TD	( ) Delete
Name:	BEARE, MELANIE	
Address:	529 TOMAHAWK CT	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	SD	( ) Delete
Name:	BRENT, BONNIE	
Address:	6206-1 RIVERWALK LANE	
City-St-Zip:	JUPITER, FL 33458	
Title:	VP	( ) Delete
Name:	WARD, JOSEPH	
Address:	280 WOODSTORK PT	
City-St-Zip:	JUPITER, FL 33458	
Title:	CD	( ) Delete
Name:	ZAMMIT, PHILIP	
Address:	124 CHORE COURT, #309	
City-St-Zip:	NORHT PALM BEACH, FL 33408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	HAFFEY, RYAN	
Address:	11050 S. E. GOMEZ AVE	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	TD	(X) Change ( ) Addition
Name:	BEARE, MELANIE	
Address:	386 BAYMOOR WAY	
City-St-Zip:	LAKE MARY, FL 32746	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	(X) Change ( ) Addition
Name:	ZAMMIT, PHILIP	
Address:	124 SHORE COURT, #309	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE BEARE TD 04/26/2005

Electronic Signature of Signing Officer or Director — Date