2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2006 8:00 am Secretary of State **DOCUMENT #770147** 04-17-2006 90355 016 ****61.25 PALM BEACH COUNTY SEMINOLE BOOSTERS, INC. Mailing Address Principal Place of Business P. O. BOX 14653 P. O. BOX 14653 N. PALM BEACH, FL 33408 N. PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 CR2E037 (11/05) 4. FEI Number 59-2315725 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPKO, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 1700 PALM BEACH LAKES BLVD. **SUITE 1000** WEST PALM BEACH, FL 33401 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. X Delete TITLE TITLE (Addition OSTEEN, SCOTT 226 JUNIFER WAY HAFFEY, RYAN NAME NAME STREET ADDRESS 11050 S. E. GOMEZ AVE STREET ADDRESS 33458 CITY-ST-7IP HOBE SOUND, FL 33455 CITY-ST-7P JUDITER, FL VΡ 🖄 Chan Addition TITLE X Delete TITI F RYAN HAFFEY NAME BEARE, MELANIE NAME 386 BAYMOOR WAY STREET ADDRESS STREET ADDRESS 33455 CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP HOBE SOUND, FL ☐ Delete TITLE Additio TITLE DARYL LYON 12141 TUMBLEWEED CT BRENT, BONNIE NAME NAME 6206-1 RIVERWALK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-7IP JUPITER, FL 33458 Delete TITLE ☐ Change ☐ Addition TITLE WARD, JOSEPH NAME 280 WOODSTORK PT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ZAMMIT, PHILIP MAME NAME STREET ADDRESS 124 SHORE COURT, #309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

561 615 500

FILED