2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:	VP	( ) Delete
Name:	HAFFEY, RYAN	
Address:	11050 S. E. GOMEZ AVE	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	TD	( ) Delete
Name:	LYON, DARYL	
Address:	12141 TUMBLEWEED CT	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	SD	( ) Delete
Name:	BRENT, BONNIE	
Address:	6206-1 RIVERWALK LANE	
City-St-Zip:	JUPITER, FL 33458	
Title:	P	( ) Delete
Name:	OSTEEN, SCOTT	
Address:	226 JUNIPER WAY	
City-St-Zip:	JUPITER, FL 33458	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DARYL LYON TD 05/30/2007

Electronic Signature of Signing Officer or Director — Date