

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90045 005 \*\*\*\*61.25

**DOCUMENT # N00000004330**

1. Entity Name

**MITCHELL HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.**



Principal Place of Business

**2323 LITTLE ROAD  
NEW PORT RICHEY FL 34655**

Mailing Address

**2323 LITTLE ROAD  
NEW PORT RICHEY FL 34655**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-3656534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOONEY, IAN  
2323 LITTLE ROAD  
NEW PORT RICHEY FL 34655**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MOONEY, IAN  
STREET ADDRESS 2323 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME LAROCHE, DAVID  
STREET ADDRESS 2323 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VD ☐ Change ☐ Addition  
NAME HELFRICH, FRAN  
STREET ADDRESS 2323 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE SD ☐ Delete  
NAME BELL, PHIL  
STREET ADDRESS 2323 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SCHMITZ, W SCOTT  
STREET ADDRESS 2323 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*IAN MOONEY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

(727) 774-9200

Date

Daytime Phone #