


.. 2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007706</b> 1. Entity Name TAKE NOTE BOOSTERS INC.	
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Principal Place of Business C/O TRAFALGAR MIDDLE SCHOOL 2120 TRAFALGAR PKW CAPE CORAL, FL 33991	Mailing Address C/O TRAFALGAR MIDDLE SCHOOL 2120 TRAFALGAR PKW CAPE CORAL, FL 33991
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04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1053635	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BARAJAS, KIMBERLY  
144 SE 8 ST  
CAPE CORAL, FL 33990

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000125459  
04/22/04-80086-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARAJAS, KIMBERLY 144 SE 8 ST CAPE CORAL, FL 33990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, BECKY 1843 PICCADILLY CIR CAPE CORAL, FL 33991
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, Nanci 13681 FERN TRAIL DR NORTH FORT MYERS, FL 33903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSEY, TERRY 2918 NW 19 TERR CAPE CORAL, FL 33993
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, CINDY 1631 SW 15TH AVE CAPE CORAL, FL 33914
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cindy Gordon* / Cindy Gordon 4/15/04 239-275-7722

Date

Daytime Phone #