

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001009

Entity Name: NJROTC, MKHS BOOSTER CLUB, INC.

FILED  
Apr 06, 2004  
Secretary of State

**Current Principal Place of Business:**

1410 COUNTY LINE RD.  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1410 COUNTY LINE RD.  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, DAVID J LCDR  
1410 COUNTY LINE RD.  
MIAMI, FL 33179

**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: PD ( ) Delete  
Name: GRAHAM, ALAN  
Address: 1000 QUAY SIDE TERR., A1010  
City-St-Zip: MIAMI, FL 33138

Title: VD ( ) Delete  
Name: LEE, MARY  
Address: 16864 SW 49TH CT.  
City-St-Zip: MIRAMAR, FL 33027

Title: STD ( ) Delete  
Name: MANNING, WILLIE JR  
Address: 10275 COLLINS AVE APT 1530  
City-St-Zip: BAL HARBOUR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THORNE, ADRIANA  
Address: 21040 NE 5TH COURT  
City-St-Zip: MIAMI, FL 33179

Title: VD (X) Change ( ) Addition  
Name: VILLALON, LUCIA  
Address: 21340 NW 8TH COURT  
City-St-Zip: MIAMI, FL 33179

Title: STD (X) Change ( ) Addition  
Name: LEE, MARY  
Address: 16864 SW 49TH COURT  
City-St-Zip: MIRAMAR, FL 33702

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: ADRIANA THORNE

PD

04/06/2004

Electronic Signature of Signing Officer or Director

Date