

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005467

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: FLYERS BOOSTER CLUB, INC.

**Current Principal Place of Business:**

4581 ASHTON RD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4581 ASHTON RD  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 65-1137114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLYER BOOSTER CLUB  
C/O KIM MURGUN  
4581 ASHTON RD  
SARASOTA, FL 34233 US

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

FLYER BOOSTER CLUB  
C/O KIM MORGAN  
4581 ASHTON RD  
SARASOTA, FL 34233 US

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

01/12/2005

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WESTBROOK, BECKY  
Address: 6820 18TH AVE E  
City-St-Zip: BRADENTON, FL 34208

Title: VPD ( ) Delete  
Name: ALEXANDER, JODI  
Address: 625 PORTIA ST N  
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete  
Name: MORGAN, KIM  
Address: 6320 VERNA BEHANY RD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: T ( ) Delete  
Name: GABRIEL, SALLY  
Address: 417 BAYSIDE LN  
City-St-Zip: NOKOMIS, FL 34275

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

Title: PD (X) Change ( ) Addition  
Name: ALEXANDER, JODI  
Address: 625 PORTIA ST. N  
City-St-Zip: NOKOMIS, FL 34275

Title: VPD (X) Change ( ) Addition  
Name: PICCIRELLI, BARBARA  
Address: 18502 BRIGGS CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL

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 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: SALLY GABRIEL

Electronic Signature of Signing Officer or Director

T

01/12/2005

Date