
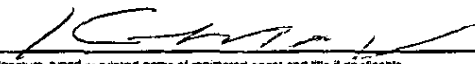
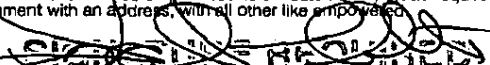


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 06, 2003 8:00 am
Secretary of State

05-05-2003 90271 006 ****61.25

DOCUMENT # N01000005467							
1. Entity Name FLYERS BOOSTER CLUB, INC.							
Principal Place of Business 4581 ASHTON RD SARASOTA FL 34233			Mailing Address 4581 ASHTON RD SARASOTA FL 34233				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1137114			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
Flyers Booster Club Kim Morgan 4581 Ashton Rd Sarasota, FL 34233			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		DATE		DATE			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REED, RONAY		NAME	Betty Westbrook (D)			
STREET ADDRESS	5608 40TH AVE E		STREET ADDRESS	6820 18th Ave. E.			
CITY-ST-ZIP	BRADENTON FL 34208		CITY-ST-ZIP	BRADENTON, FL 34208			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POWELL, SUE		NAME	Jodi Alexander (D)			
STREET ADDRESS	6334 PINE MEADOW WAY		STREET ADDRESS	625 Portha St N			
CITY-ST-ZIP	BRADENTON FL 34240		CITY-ST-ZIP	NOKOMIS FL 34275			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LAWSON, LISA		NAME	Kim Morgan (D)			
STREET ADDRESS	3130 DICK WILSON DR		STREET ADDRESS	6320 Jenna Bethany Rd			
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP	MYAKKA CITY FL 34251			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GAYNOR, VICKY		NAME	Sally Gabriel (D)			
STREET ADDRESS	5233 SUNNYDALE DRIVE		STREET ADDRESS	417 Bayside Lane			
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	Nokomis, FL 34275			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		Date: 4/28/03		Daytime Phone #: 941 915-6127			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

CR2E037 (10/02)