

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-17-2004 90040 036 ****61.25

DOCUMENT # N01000005927

1. Entity Name
SANTA FE HIGH SCHOOL GOLF BOOSTERS, INC.



Principal Place of Business
**16331 NW M.L. KING BLVD
ALACHUA FL 32615**

Mailing Address
**16331 NW M.L. KING BLVD
ALACHUA FL 32615**

66409585



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**REDDING, JACKIE
25002 NW 110 AVE
HIGH SPRINGS FL 32643**

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, 2004**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D ANDERSON, FRANK Director/President
16331 NW M.L. KING BLVD
ALACHUA FL 32615**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D REDDING, JACKIE Co-treasurer
25002 NW 110 AVE
HIGH SPRINGS FL 32653**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD MCCRAKEN, RANDY
202 TURKEY CREEK
ALACHUA FL 32615**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Cathy Hitchcock
PO Box 501
17006 NW 171st PL
Alachua FL 32616-0501**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Jackie Redding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

Date

386-454-3259

Daytime Phone #