


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90188 030 ****61.25

DOCUMENT # N01368	
1. Entity Name SEMINOLE BOOSTERS OF LEE COUNTY, INC.	

Principal Place of Business P O BOX 150130 CAPE CORAL FL 33915	Mailing Address P O BOX 150130 CAPE CORAL FL 33915
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0032753	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHEARMAN, ROBERT 1715 MONROE STREET FT. MYERS FL 33901	

7. Name and Address of New Registered Agent	
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, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENDLAND, CHRIS			NAME			
STREET ADDRESS	5810 NEWFOUNDLAND CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEARMAN, ROBERT			NAME			
STREET ADDRESS	1715 MONROE ST			STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33901			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RINGERS, LARRY			NAME			
STREET ADDRESS	1371 CURRIER CR			STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, ROBERT A.			NAME			
STREET ADDRESS	PO BOX 150130 N/A			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33915			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELL, BARRY			NAME			
STREET ADDRESS	3350 N. KEY DR., A-504			STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOTAW, BOB			NAME			
STREET ADDRESS	1240 WALES DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33901			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert A. Brooks* Robert A. Brooks 3/31/06 239-247-2032