


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N02000000902 1. Entity Name LAKE CITY FALCON SOCCER BOOSTERS, INC. |  |
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|---|---|
| Principal Place of Business RT. 18 BOX 230 LAKE CITY, FL 32055 | Mailing Address RT. 18 BOX 230 LAKE CITY, FL 32055 |
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 80-0010630 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

FARNELL, MASON
RT. 18 BOX 230
LAKE CITY, FL 32055

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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** _____

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000051861 12/16/04-80066-022 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILLKIN, TERRI RT 10 BOX 843 LAKE CITY, FL 32025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BEACH, GINA RT 8 BOX 32468 LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JENKINS, SHIRLEY RT 8 BOX 566 LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BUZZELLA, CHARESE RT 15 BOX 3646 LAKE CITY, FL 32024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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)(f), 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: Terri Millikin Terri Millikin 2-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #