


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90301 007 ****61.25

DOCUMENT # N02000000902	
1. Entity Name LAKE CITY FALCON SOCCER BOOSTERS, INC.	

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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2. Principal Place of Business 843 SW Arlington Blvd.	3. Mailing Address 843 SW Arlington Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake City, FL	City & State Lake City, FL
Zip 32025	Zip 32025
Country USA	Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 80-0010630		Applied For <input type="checkbox"/> 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		
7. Name and Address of New Registered Agent Name: Farnell, Mason Street Address (P.O. Box Number is Not Acceptable): 843 SW Arlington Blvd. City: Lake City FL Zip Code: 32025		

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 *Mason Farnell* DATE **3-8-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	P MILLKIN, TERRI RT 10 BOX 843 LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Minson, Lee 38 Ahn NW Frontier Dr Lake City, FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEACH, GINA RT 8 BOX 32468 LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Widergren, Sheila 768 NW Clubview Dr Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, SHIRLEY RT 8 BOX 566 LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Krantz, Jill 373 SW Harmony Lane Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUZZELLA, CHARESE RT 15 BOX 3646 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Strickland, Cheri 217 SW Longleaf Dr. Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sheila Widergren* DATE **3/7/05** DAYTIME PHONE # **386-758-8322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR