## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000982

City-St-Zip:

SEMINOLE, FL 34625

Entity Name: PINELLAS SEMINOLE BOOSTERS, INC.

FILED Mar 06, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8640 SEMINOLE BLVD. SEMINOLE, FL 33772				14428 TANGLEWOOD DRIVE SEMINOLE, FL 33774			
Current Mailing Address:			New Maili	New Mailing Address:			
8640 SEMINOLE BLVD. SEMINOLE, FL 33772				P.O. BOX 3392 SEMINOLE, FL 33775			
FEI Number:	02-0549134	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
BURKE, KENNETH P 8640 SEMINOLE BLVD. SEMINOLE, FL 33772 US			14428 TAN	BURKE, KENNETH P 14428 TANGLEWOOD DRIVE SEMINOLE, FL 33774 US			
The above in the State		ubmits this statement for the pur	pose of changing	its registered o	ffice or registered agent, or bo	oth,	
SIGNATURE:				03/06/2005			
	Electronic	Signature of Registered Agent			Date	—	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TD () I BURKE, KENNET 8640 SEMINOLE SEMINOLE, FL	BLVD.	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PD () I STEFANICK, JUI 1404 CORDOVA SEMINOLE, FL	GREENS	Title: Name: Address: City-St-Zip:	PD (X) HUMBARGER, 1404 CORDOV, SEMINOLE, FL	A GREENS		
Title: Name: Address: City-St-Zip:	VPD () [ EINBODEN, PAU 8640 SEMINOLE SEMINOLE, FL	BLVD	Title: Name: Address: City-St-Zip:	VPD (X) EINBODEN, PA 1465 46TH AV. ST. PETERSBU	NE		
Title: Name: Address: City-St-Zip:	PPD () I WALLACE, JEAN 5882 98TH AVE I PINELLAS PARK	N	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address:	SD () I HARPER, NANCY 9033 BAYWOOD		Title: Name: Address:	SD (X) GRAHAM, LEAF 1465 46TH AV I			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ST. PETERSBURG, FL 33703

SIGNATURE: KENNETH P. BURKE T/D 03/06/2005