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

DOCUMENT # N02000006718

1. Entity Name

FHS NJROTC BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
18355 NW 12 STREET PEMBROKE PINES FL 33029	18355 NW 12 STREET PEMBROKE PINES FL 33029

1st MOORE   CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 14-1845874   Applied For / Not Applic

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
GARCIA, OLGA M 18355 NW 12 STREET PEMBROKE PINES FL 33029	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 acc 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, 2005	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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete	TITLE		☐ Change ☐ A·
NAME	GARCIA, OLGA M		NAME		
STREET ADDRESS	450 NW 195 AVE		STREET ADDRESS	U00000216564	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP	02/05/05-80054-005 61.25	

TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ A·
NAME	BATISTA, SUE		NAME		
STREET ADDRESS	901 NW 141 AVE APT# 112		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP		

TITLE	TD	☐ Delete	TITLE		☐ Change ☐ A·
NAME	SILVESTRI, MARILYN		NAME		
STREET ADDRESS	18355 NW 12 ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ A·
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ A·
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ A·
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 informa 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____Olga Garcia_____   2/3/05   954-438-8741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #