


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 014 ****61.25

DOCUMENT # N02000006718	
1. Entity Name FHS NJROTC BOOSTER CLUB, INC.	

Principal Place of Business 18355 NW 12 STREET PEMBROKE PINES, FL 33029	Mailing Address 18355 NW 12 STREET PEMBROKE PINES, FL 33029
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50024437



2. Principal Place of Business 15678 NW 12 Road Suite, Apt. #, etc.	3. Mailing Address 15678 NW 12 Road Suite, Apt. #, etc.
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05042006 Chg-NP CR2E037 (4/06)

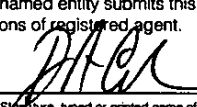
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33028	Zip 33028
Country USA	Country USA

4. FEI Number 14-1845874	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 GARCIA, OLGA M 18355 NW 12 STREET PEMBROKE PINES, FL 33029	
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7. Name and Address of New Registered Agent Name: Donnie A. Coker Street Address (P.O. Box Number is Not Acceptable): 1067 NW 155TH Terrace City: Pembroke Pines FL Zip Code: 33028	
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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: 	Donnie A. Coker P/D	8/3/06
(NOTE: Registered Agent signature required when reinstating)		

Filing Fee is \$61.25 Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, OLGA M 450 NW 195 AVE PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Donnie A. Coker 1067 NW 155TH Terrace Pembroke Pines FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BATISTA, SUE 901 NW 141 AVE APT# 112 PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D MAGGIE CERA 15678 NW 12 ROAD PEMBROKE PINES FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVESTRI, MARILYN 18355 NW 12 ST PEMBROKE PINES, FL 33029 <input checked="" 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
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 exemptions contained in Chapter 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: 	8/3/06, Donnie A. Coker 954-704-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	