2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000009076

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired Agent Sta	BOOSTERS, 04-28-2003 90499 046 *****61.2	04-28-2003 90499 046 *****61.25	
Suite, Apt. #. etc. Suite, Apt. #. etc. City & State City & City & State City & City	YAN STREET . 32927	B UJ 12 1 1	
City & State Street Address of Current Registered Agent Name LACHAPPELLE, WILLIAM G 1298 DAWN STREET N.E. PALM BAY FL 32905 City FL Zip C	Address		
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1296 DAWN STREET N.E. PALM BAY Ft. 32905 6. 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 the obligations of registered agent. SIGNATURE 3. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. OW Make Check Payable Conversion of the Contribution of Change Conversion of Conversion of Conversion of Conversion	1// / / / / / / / / / / / / / / / / / /	lied For Applicable	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Bo Added to Fees Make Check Payabl Florida Department of Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STRETADORES			
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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)(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:

Jan 22 2003

(321) 638-0750