

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90054 030 \*\*\*\*61.25

**DOCUMENT # N02000009702**

1. Entity Name  
**PCHS LADY PIRATES BOOSTER CLUB, INC.**



Principal Place of Business  
21452 WEBBWOOD AVE.  
PT CHARLOTTE, FL 33954

Mailing Address  
PO BOX 380357  
PORT CHARLOTTE, FL 33948



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
06-1666581

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGANI, CAROL  
4375 MUNDELLA CIRCLE  
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name **MASTRELLA, Genifer**  
Street Address (P.O. Box Number is Not Acceptable)  
**21452 Webbwood Ave**  
City **Port Charlotte** FL **33964**

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 **Genifer Mastrella** *[Signature]* **4/7/2005**  
Signature, typed or printed name of registered agent and title if applicable. (Date: Registered Agent signature required when reinstating) DATE

Filing 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

TITLE PD ☒ Delete  
NAME SMITH, THOMAS  
STREET ADDRESS 21032 KEELER AVE.  
CITY-ST-ZIP PT CHARLOTTE, FL 33948

TITLE VD ☒ Delete  
NAME RUCK, MIKE  
STREET ADDRESS 21012 CORNELL ST.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE TD ☐ Delete  
NAME MASTRELLA, GENIFER  
STREET ADDRESS 21452 WEBBWOOD AVE.  
CITY-ST-ZIP PT CHARLOTTE, FL 33954

TITLE SD ☐ Delete  
NAME MORGANI, CAROL  
STREET ADDRESS 4375 MUNDELLA CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME HUCKESTEIN, PAUL  
STREET ADDRESS 4896 Gallo STREET  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 *[Signature]* **Paul Huckestein Present 4/5/05**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

941-625-5296