

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90300 011 \*\*\*\*61.25

<b>DOCUMENT # N03000002494</b> 1. Entity Name <b>FERNANDINA BEACH HIGH SCHOOL NAVY ROTC PARENT BOOSTER CLUB, INC.</b>			
Principal Place of Business <b>P.O. BOX 1323 YULEE, FL 32041</b>		Mailing Address <b>P.O. BOX 1323 YULEE, FL 32041</b>	
2. Principal Place of Business <b>435 Citrona dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>435 Citrona dr</b> Suite, Apt. #, etc.	
City & State <b>Fernandina Bch FL</b>		City & State <b>Fernandina Bch FL</b>	
Zip <b>32034</b>	Country <b>USA</b>	Zip <b>32034</b>	Country <b>USA</b>
4. FEI Number <b>43-2047896</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COKER, TAMMIE 166 JOHNSON LAKE ROAD EAST YULEE, FL 32095</b>		7. Name and Address of New Registered Agent Name <b>Ronald Rushford</b> Street Address (P.O. Box Number is Not Acceptable) <b>223 Duval Rd</b> City <b>Fernandina</b> <b>FL</b> Zip Code <b>32034</b>	
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 <u><i>Ronald Rushford</i></u> DATE <u>4-6-04</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME COKER, TAMMIE <input checked="" type="checkbox"/> Delete STREET ADDRESS P.O. BOX 1323 CITY-ST-ZIP YULEE, FL 32041	TITLE PD NAME Jones, Ronald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1236 Sara Road CITY-ST-ZIP Yulee, FL 32097		
TITLE VD NAME JONES, RONALD <input type="checkbox"/> Delete STREET ADDRESS 1236 SARA ROAD CITY-ST-ZIP YULEE, FL 32097	TITLE VD NAME Pickett, Joe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 175 TYSON ROAD CITY-ST-ZIP Fernandina Bch FL 32034		
TITLE SD NAME PICKETT, JOE <input type="checkbox"/> Delete STREET ADDRESS 175 TYSON ROAD CITY-ST-ZIP FERNANDINA BEACH, FL 32034	TITLE SD NAME Rushford Ronald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 223 Duval Road CITY-ST-ZIP Fernandina, FL 32034		
TITLE TD NAME SILVA, WILDA <input type="checkbox"/> Delete STREET ADDRESS 1603 BEECH STREET CITY-ST-ZIP FERNANDINA BEACH, FL 32034	TITLE TD NAME Silva, Wilda <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1603 Beech Street CITY-ST-ZIP Fernandina Beach, FL 32034		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ronald Rushford</i></u>		4-6-04 904-491-8940	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	