

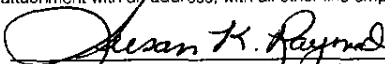


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000002520</b>						<p><b>FILED</b></p> <p><b>04 APR 30 AM 9:00</b></p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<b>1. Entity Name</b> GARNET & GOLD GIRLS SOCCER BOOSTERS, INC.							
<b>Principal Place of Business</b> 28 MY STREET HAVANA, FL 32333		<b>Mailing Address</b> 28 MY STREET HAVANA, FL 32333					
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
<b>6. Name and Address of Current Registered Agent</b>  RAYMOND, SUSAN 28 MY STREET HAVANA, FL 32333				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
<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.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> 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>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> RAYMOND, KEVIN 28 MY STREET HAVANA, FL 32333 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>700035732617</b>                      05/07/04--01015--017 **70.00                 </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> JOWERS, KYM 218 TEAL LANE TALLAHASSEE, FL 32308 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President JANEY ROSS 250 Glenbrook Dr. Tallahassee, FL 32317 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ACT</b> RAYMOND, SUSAN 28 MY STREET HAVANA, FL 32333 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Raymond, Susan 28 My Street Havana, FL 32333 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> FORD, MICHAEL 3412 WHIRLAWAY TRAIL TALLAHASSEE, FL 32309 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Board Member Sharon Smith 2641 Hastings Drive Tallahassee, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Good of Member John Lorenz 1112 Pinecrest Drive Tallahassee, FL 32301 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>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.</b>							
<b>SIGNATURE:</b> 				SUSAN K. Raymond		4-27-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		410-0323 wk 597-1323 cell	