

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

05-03-2004 91219 038 ****61.25
08-20-2004 90001 035 *****8.75

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MOORE CR2E037 (11/03)

DOCUMENT # N03000002986.					
1. Entity Name TARPON SPRINGS HS SOFTBALL BOOSTERS, INC.					
Principal Place of Business 1411 GULF ROAD TARPON SPRINGS FL 34689 US			Mailing Address 3005 STATE ROAD 590 SUITE 206 CLEARWATER FL 33759 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3683806	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREE, LEBRON 3005 STATE ROAD 590 SUITE 206 CLEARWATER FL 33759			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	
10. OFFICERS AND DIRECTORS					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	PRES. VINCENT BUBOLO				
STREET ADDRESS	3025 ROBINWOOD LANE				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
TITLE	NAME <input type="checkbox"/> Delete				
NAME	VICE PRES. BARBARA ALDRICH				
STREET ADDRESS	2591 SURREY DR				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
TITLE	NAME <input type="checkbox"/> Delete				
NAME	SECTY MICHAEL FLYNN				
STREET ADDRESS	1713 GULF BREEZ BLVD.				
CITY-ST-ZIP	TARPON SPRINGS, FL 34689				
TITLE	NAME <input type="checkbox"/> Delete				
NAME	TREAS MARY RILEY				
STREET ADDRESS	3402 RIDGE ROAD				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
TITLE	NAME <input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME <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>Wile W. Wale</u> 04/30/04 727-639-2362					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u>4. 30.4 Males Dig</u>					