

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90033 028 \*\*\*\*61.25

**DOCUMENT # N03000002990**

**1. Entity Name**  
**PLAY PIRANHA BOOSTER CLUB INC.**



**Principal Place of Business**  
**204 BUCK DRIVE**  
**FORT WALTON BEACH, FL 32548**

**Mailing Address**  
**204 BUCK DRIVE**  
**FORT WALTON BEACH, FL 32548**

**50003872**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

**4. FEI Number**  
**56-2358198**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STROM, TRACY**  
**204 BUCK DRIVE**  
**FORT WALTON BEACH, FL 32548**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** P ☒ Delete  
**NAME** STROM, LEN  
**STREET ADDRESS** 6 LAKESIDE CT  
**CITY-ST-ZIP** FORT WALTON BEACH, FL 32548

**TITLE** P ☐ Change ☒ Addition  
**NAME** ~~STROM, TRACY~~ **RUDMAN, WENDY**  
**STREET ADDRESS** 42 CINDERELLA LANE NW  
**CITY-ST-ZIP** FT. WALTON BEACH, FL 32547

**TITLE** VP ☒ Delete  
**NAME** HEAPY, GARY  
**STREET ADDRESS** 51 MEIGS DRIVE  
**CITY-ST-ZIP** SHALIMAR, FL 32579

**TITLE** VP ☐ Change ☒ Addition  
**NAME** ~~MURPHY, KEARLEY, MARGARET~~  
**STREET ADDRESS** 3031 ADAMS RD.  
**CITY-ST-ZIP** CRESTVIEW, FL 32536

**TITLE** S ☐ Delete  
**NAME** SHAW, KATHY  
**STREET ADDRESS** 209 ELM DR.  
**CITY-ST-ZIP** EGLIN AFB, FL 32542

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

**TITLE** T ☐ Delete  
**NAME** HEAPY, KATHLEEN  
**STREET ADDRESS** 51 MEIGS DRIVE  
**CITY-ST-ZIP** SHALIMAR, FL 32579

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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:**

*Kathleen M. Heapy* **Kathleen M. Heapy** 1-12-2005 (850)243-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #