
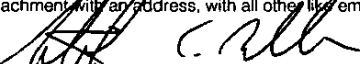


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90046 011 ****61.25

DOCUMENT # N03000004444			
1. Entity Name BRANFORD BOOSTER CLUB, INC.			
Principal Place of Business POST OFFICE BOX 1333 BRANFORD, FL 32008		Mailing Address POST OFFICE BOX 1333 BRANFORD, FL 32008	
2. Principal Place of Business		3. Mailing Address 26227 7TH Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Branford FL	
Zip	Country	Zip	Country
		32008	Switzerland
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BULLOCK, STEPHEN C ESQ. 116 NW COLUMBIA AVENUE LAKE CITY, FL 32055		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULLOCK, STEPHEN 116 NW COLUMBIA AVENUE LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARRETT, JEFF POST OFFICE BOX 10 BRANFORD, FL 32008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelley, Robert - VD P.O. Box 612 Branford, FL 32008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYRD, TONYA POST OFFICE BOX 1374 BRANFORD, FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPIVEY, TAMMY POST OFFICE BOX 1333 BRANFORD, FL 32008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hynch, Linda 26227 7TH Rd Branford, FL 32008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ROBERT POST OFFICE BOX 612 BRANFORD, FL 32008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spivey, Tammy P.O. Box 1333 Branford, FL 32008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRISCH, CYNTHIA POST OFFICE BOX 644 BRANFORD, FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 2/14/05 (386) 752-3213	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40013040



02142005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE 30-0218154 Applied For
Not Applicable

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