

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90428 031 \*\*\*\*61.25

**DOCUMENT # N03000004444**

1. Entity Name  
**BRANFORD BOOSTER CLUB, INC.**



Principal Place of Business  
**POST OFFICE BOX 7777  
BRANFORD, FL 32008**

Mailing Address  
**26227 77TH RD  
BRANFORD, FL 32008**

**50018244**



2. Principal Place of Business

Mailing Address

**P.O. Box 1545**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State

**Branford, FL**

4. FEI Number  
**30-0218654**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32008**

**Swansea**

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

**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

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, 2006**

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 PD  
NAME BULLOCK, STEPHEN  
STREET ADDRESS 116 NW COLUMBIA AVENUE  
CITY-ST-ZIP LAKE CITY, FL 32055 ☐ Delete

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

TITLE D  
NAME LYNCH, LINDA  
STREET ADDRESS 26227 77TH RD  
CITY-ST-ZIP BRANFORD, FL 32008 ☐ Delete

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

TITLE TD  
NAME BYRD, TONYA  
STREET ADDRESS POST OFFICE BOX 1374  
CITY-ST-ZIP BRANFORD, FL 32008 ☐ Delete

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

TITLE D  
NAME SPIVEY, TAMMY  
STREET ADDRESS POST OFFICE BOX 1333  
CITY-ST-ZIP BRANFORD, FL 32008 ☐ Delete

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

TITLE VD  
NAME KELLEY, ROBERT  
STREET ADDRESS POST OFFICE BOX 612  
CITY-ST-ZIP BRANFORD, FL 32008 ☐ Delete

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

TITLE D  
NAME TRISCH, CYNTHIA  
STREET ADDRESS POST OFFICE BOX 644  
CITY-ST-ZIP BRANFORD, FL 32008 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Linda L. Lynch* *Wynon L. Lynch* 4/28/06 3869353787