


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005270 1. Entity Name COLLIER COUNTY ALL STARS BOOSTER CLUB, INC.	
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Principal Place of Business 5060 HICKORY WOOD NAPLES, FL 34119	Mailing Address 5060 HICKORY WOOD NAPLES, FL 34119
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0144972	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CECIL, LAURA 5060 HICKORY WOOD NAPLES, FL 34119
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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 _____
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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	UN00000364466 05/06/05-80043-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CECIL, LAURA 5060 HICKORY WOOD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CECIL, MARVIN 5060 HICKORY WOOD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLIVAN, DANA 5060 HICKORY WOOD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRENCH, JODY 5060 HICKORY WOOD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Laura Cecil</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>5/11/05</i> <small>Date</small>	<i>239-289-2584</i> <small>Daytime Phone</small>
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