


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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90708 049 \*\*\*\*61.25

<b>DOCUMENT # N03000005791</b>	
<b>1. Entity Name</b> CENTRAL DEBATE BOOSTERS, INC.	

<b>Principal Place of Business</b> 8537 ESTATE DRIVE WEST PALM BEACH FL 32411	<b>Mailing Address</b> 8537 ESTATE DRIVE WEST PALM BEACH FL 32411
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P.O. Box 21704
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> WEST PALM BEACH FL	<b>City &amp; State</b> WEST PALM BEACH FL
<b>Zip</b> 33411	<b>Country</b> USA



MOORE CR2E037 (11/03)

<b>4. FF Number</b> 20-0085532	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MIZE, WANDA S 9975 ROYAL CARDIGAN WAY WEST PALM BEACH FL 33411	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> HOOVER, SIMONE V 8537 ESTATE DRIVE WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> MIZE, WANDA S P.O. BOX 210156 WEST PALM BEACH FL 33421 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> HALL, DARRYL 8537 ESTATE DRIVE WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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:** Simone Velasquez Hoover 4/29/04 5613271209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
SIMONE VELASQUEZ HOOVER