

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 15 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



03152004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000006324 1. Entity Name PINES CHARTER HIGH BASKETBALL BOOSTER CLUB, INC.					
Principal Place of Business C/O MS. EDITH HUMES-NEWBOLD 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331			Mailing Address C/O MS. EDITH HUMES-NEWBOLD 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331		
2. Principal Place of Business 671 SW 93 Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State Pembroke Pines FL		City & State			
Zip 33025		Country USA		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HUMES-NEWBOLD, EDITH 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331			7. Name and Address of New Registered Agent 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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Edith Humes-Newbold 671 SW 93 Avenue Pembroke Pines, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Miriam Maniaquitt 10261 SW 28th Court Pembroke Pines, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Diana Maniscalco 1359 NW 157 Avenue Pembroke Pines, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure Antonia Santiago 10240 NW 3rd Street Pembroke Pines, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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: Edith Humes-Newbold			4/4/04 (305)594-7615 x369		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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