


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90185 042 \*\*\*\*61.25

<b>DOCUMENT # N03000006324</b>					
<b>1. Entity Name</b> CHARTER JAGUAR BASKETBALL BOOSTER CLUB, INC.					
<b>Principal Place of Business</b> 671 SW 93 AVE PEMBROKE PINES, FL 33025			<b>Mailing Address</b> 671 SW 93 AVE PEMBROKE PINES, FL 33025		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04212005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> APPLIED FOR				<b>Applied For</b> <input checked="" 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>			<b>7. Name and Address of New Registered Agent</b>		
HUMES-NEUBOLD, EDITH 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331			Name <u>Lozada, Richard</u> Street Address (P.O. Box Number is Not Acceptable) <u>10240 NW 3rd Street</u> City <u>Pembroke Pines</u> <b>FL</b> Zip Code <u>33026</u>		
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>4/23/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C <b>NAME</b> NEWBOLD, EDITH <b>STREET ADDRESS</b> 671 SW 93 AVE <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> C <b>NAME</b> Lozada, Richard <b>STREET ADDRESS</b> 10240 NW 3rd Street <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VC <b>NAME</b> MANIGAULT, MIRIAM <b>STREET ADDRESS</b> 10261 SW 20TH COURT <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S <b>NAME</b> MANISCALCO, DIANA <b>STREET ADDRESS</b> 1358 NW 157 AVE <b>CITY-ST-ZIP</b> PEMBROKE, FL 33028	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T <b>NAME</b> SANTIAGO, ANTONIA <b>STREET ADDRESS</b> 10240 NW 3RD STREET <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Beverly Samuel <b>STREET ADDRESS</b> 970 NW 185th Terrace <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/23/05</u> <u>954.326.2780</u> <small>Date    Daytime Phone #</small>		