

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90006 047 \*\*\*\*61.25

**DOCUMENT # N03000007757**

1. Entity Name  
**SEMINOLE WARHAWKS FOOTBALL BOOSTER CLUB,  
INC.**



Principal Place of Business  
**8431 - 131ST ST. NORTH  
SEMINOLE, FL 33776**

Mailing Address  
**8431 - 131ST ST. NORTH  
SEMINOLE, FL 33776**

**54070154**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**20-1500803**

Applied For

Not Applicable

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

**CASTILLO, MARCUS A  
19321-C US 19 NORTH, SUITE 401  
CLEARWATER, FL 33764**

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 September 8, 2004**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CATALANO, VINCENT	
STREET ADDRESS	8431 - 131ST ST. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEILLI, EILEEN	
STREET ADDRESS	8431 - 131ST ST. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, JUDY	
STREET ADDRESS	8431 - 131ST ST. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, DAVID	
STREET ADDRESS	8431 - 131ST ST. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAIN, DEBBIE	
STREET ADDRESS	8431 - 131ST ST. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTILLO, MARCUS A	
STREET ADDRESS	8431 - 131ST ST. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Hometzko	
STREET ADDRESS	8431-131st st No.	
CITY-ST-ZIP	Seminole FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patty Schaller	
STREET ADDRESS	(same address)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Deric	
STREET ADDRESS	(same address)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Ruhl	
STREET ADDRESS	(same address)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennic Brandenburg	
STREET ADDRESS	(same address)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mam Brown	
STREET ADDRESS	(same address)	
CITY-ST-ZIP		

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:** Marcus A. Castillo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04  
Date

(727) 535-4544  
Daytime Phone #