2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# N03000007817

Entity Name: CROOMS ATHLETIC BOOSTER CLUB, INC

Current Principal Place of Business:

2200 W. 13TH STREET
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

2200 W. 13TH STREET
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 20-0214579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUSE, RICHARD B
978 DOUGLAS AVE
SUITE 102
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARLI, MARK
Address: 855 TIFFANY LANE
City-St-Zip: SANFORD, FL 32773

Title: VP (X) Delete
Name: GIAMBRUNO, RICH
Address: 3332 RED ASH CIRCLE
City-St-Zip: OVIEDO, FL 32766

Title: S ( ) Delete
Name: TUCKER, SUSAN
Address: 1404 EL CAJON CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete
Name: GREENSPAN, CARYN A
Address: 1175 WOODLAND TERRACE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: M ( ) Delete
Name: REEVES, DAN
Address: 2200 W. 13TH STREET
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: CARLI, MARK
Address: 855 TIFFANY LANE
City-St-Zip: SANFORD, FL 32773

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: TUCKER, SUSAN
Address: 1404 EL CAJON CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARYN A GREENSPAN T 07/15/2004

Electronic Signature of Signing Officer or Director — Date