

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 007 ****61.25

DOCUMENT # N03000007817

1. Entity Name
CROOMS ATHLETIC BOOSTER CLUB, INC



Principal Place of Business
**2200 W. 13TH STREET
SANFORD, FL 32771 US**

Mailing Address
**2200 W. 13TH STREET
SANFORD, FL 32771 US**



03292006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0214579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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 May 1, 2006**

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 **P** ☒ Delete
NAME **CARLI, MARK**
STREET ADDRESS **855 TIFFANY LANE**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **S** ☐ Delete
NAME **TUCKER, SUSAN**
STREET ADDRESS **1404 EL CAJON CT**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **T** ☒ Delete
NAME **GREENSPAN, CARYN A**
STREET ADDRESS **1175 WOODLAND TERRACE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **M** ☒ Delete
NAME **REEVES, DAN**
STREET ADDRESS **2200 W. 13TH STREET**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **V** ☒ Delete
NAME **GIAMBRUNO, RICH**
STREET ADDRESS **2200 W. 13TH STREET**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **TUCKER, SUSAN**
STREET ADDRESS **11404 El Cajon Court**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **BUTLER, CATHY**
STREET ADDRESS **784 Silverwood Drive**
CITY-ST-ZIP **Lake Mary FL 32746**

TITLE **Director** ☐ Change ☒ Addition
NAME **HARGIS, MICHAEL**
STREET ADDRESS **2200 W. 13th Street**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Susan Tucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

Date

407-647-6900

Daytime Phone #