

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/3/2004-91231-040-\$61.25-\$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008254 1. Entity Name EUSTIS HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.					
Principal Place of Business 1300 WASHINGTON AVE EUSTIS, FL 32726			Mailing Address P.O. BOX 165 EUSTIS, FL 32726-0165		
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 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01162004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent COX, PAMELA A 26019 CR 44A EUSTIS, FL 32736			7. Name and Address of New Registered Agent Name <u>Kelly Baha</u> Street Address (P.O. Box Number is Not Acceptable) <u>2506 Montecedo Ave</u> City <u>Eustis</u> FL Zip Code <u>32726</u>		
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 <u>Kelly Baha</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <u>8/21/2004</u> <small>(NOTE: Registered Agent signature required when renewing)</small>		
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	P REPASS, LOUISE 14313 GOLDENVIEW DR GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elliot Cohen 35203 Thail Hill Rd Eustis, FL 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUGLAS, MARK 1406 CHESTERFIELD CT EUSTIS, FL 32728	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE MEERS 36751 E. Eldorado Lane Dr. Eustis, FL 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAUGHN, KRISTY 21060 PARKCREST DR EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nancy Duncan 2631 Country Club Rd Eustis, FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COX, PAM 26019 CR 44 A EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kelly Baha 2506 Montecedo Ave Eustis, FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Pamela Cox</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/29/04</u> Daytime Phone # <u>352-589-9139</u>		

T. Lewis 8/23/04