


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90011 010 ****61.25

DOCUMENT # N03000008298	
1. Entity Name CAPE CORAL HIGH SCHOOL SEAHAWKS BASEBALL BOOSTERS, INC.	

Principal Place of Business 2107 SE 8 AVE CAPE CORAL, FL 33990	Mailing Address 2107 SE 8 AVE CAPE CORAL, FL 33990
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54022009

2. Principal Place of Business Suite, Apt. #, etc. 3713 NE 16th AVE City & State CAPE CORAL, FL. Zip 33909 Country USA	3. Mailing Address Suite, Apt. #, etc. 3713 NE 16th AVE City & State CAPE CORAL, FL. Zip 33909 Country USA
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01072004 Chg-NP CR2E037 (10/03)

4. FEI Number 56-2406632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INSALACO, CHARLES R 2107 SE 8 AVE CAPE CORAL, FL 33990	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3713 NE 16th AVE. City CAPE CORAL FL Zip Code 33909
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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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

Charles Insalaco 3/22/04 239-578-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #