2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008298

FILED May 10, 2005 Secretary of State

Entity Name: CAPE CORAL HIGH SCHOOL SEAHAWKS BASEBALL BOOSTERS, INC.

	Principal Place of Business:	New Principal Place of Business:
Current N	Mailing Address:	New Mailing Address:
n accordar	nce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
Name and	d Address of Current Registered Ager	New Mailing Address: plied For () FEI Number Not Applicable () Certificate of Status Desired () orporation did not receive the prior notice. Pered Agent: Name and Address of New Registered Agent: Remember for the purpose of changing its registered office or registered agent, or both, Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
3713 NE <i>'</i>	16TH AVE	
		the purpose of changing its registered office or registered agent, or bo
SIGNATU	IRE:	
	ve named entity submits this statement for the puate of Florida. URE: Electronic Signature of Registered Ager RS AND DIRECTORS: PD () Delete SKARBEK, BILL 5304 CORTEZ	d Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Fitle: Name: Address:	PD () Delete SKARBEK, BILL 5304 CORTEZ	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () Delete SKARBEK, BILL 5304 CORTEZ	Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Address: Dity-St-Zip:	PD () Delete SKARBEK, BILL 5304 CORTEZ CAPE CORAL, FL 33904 VD () Delete BROWN, DEBORAH 5021 SORRENTO CT.	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address:	PD () Delete SKARBEK, BILL 5304 CORTEZ CAPE CORAL, FL 33904 VD () Delete BROWN, DEBORAH 5021 SORRENTO CT. CAPE CORAL, FL 33904 TD () Delete HALVORSEN, JINA 17941 EAGLE VIEW LANE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: CHARLES INSALACO P 05/10/2005