

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 17 AM 8:28

DOCUMENT # N03000008699					
1. Entity Name EVERGLADES GATORS FOOTBALL BOOSTER CLUB, INC.					
Principal Place of Business 18140 NW 18TH STREET PEMBROKE PINES, FL 33029		Mailing Address 18140 NW 18TH STREET PEMBROKE PINES, FL 33029			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 35-2215745	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
VICKIE, SPENCER 18140 NW 18TH STREET PEMBROKE PINES, FL 33029				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 <i>Vickie Spencer</i>			DATE <i>5/16/05</i>		
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$61.25			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 SPENCER, VICKIE 18140 NW 18TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				100055580761 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/01/05--01046--003 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T MOHAMED, BEVERLY 16948 SW 16TH STREET PEMBROKE PINES, FL 33027 <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		S STEELE, RONNIE 18140 NW 18TH STREET PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				S DEVNEW, DONNA 18114 SW 5 COURT PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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: <i>Vickie Spencer</i>			DATE: <i>5/16/05</i> DAYTIME PHONE: <i>954-377-7237</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		