


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			
Zip	Country	Zip	Country	04272005 Chg-NP CR2E037 (10/03)	
4. FEI Number 35-2215745				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VICKIE, SPENCER 18140 NW 18TH STREET PEMBROKE PINES, FL 33029			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>Vickie Spencer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>5/16/05</u> <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 P NAME SPENCER, VICKIE STREET ADDRESS 18140 NW 18TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 100055580761 06/01/05--01046--003 **70.00 </div>	
TITLE T NAME MOHAMED, BEVERLY STREET ADDRESS 16948 SW 16TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME STEELE, RONNIE STREET ADDRESS 18140 NW 18TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE S NAME DEVNEW, DONNA STREET ADDRESS 18114 SW 5 COURT CITY-ST-ZIP PEMBROKE PINES, FL 33029	<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	
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>Vickie Spencer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/16/05</u> Daytime Phone # <u>954-377-7237</u>		