

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009102

FILED
Apr 30, 2004
Secretary of State**Entity Name:** LADY GATORS OF EVERGLADES HIGH, BASKETBALL BOOSTER CLUB, INC.**Current Principal Place of Business:**17100 SW 48TH COURT
MIRAMAR, FL 33027 US**New Principal Place of Business:****Current Mailing Address:**19830 NW 4TH STREET
PEMBROKE PINES, FL 33029 US**New Mailing Address:****FEI Number:** 56-2406154**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SIMMONS, DEBRA A
19830 NW 4TH STREET
PEMBROKE PINES, FL, FL 33029 US US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: SIMMONS, DEBRA A
Address: 19830 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** VP () Delete
Name: ROSENBLUM, JUDY
Address: 1971 NW 188TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** VP () Delete
Name: TRUMAN, RANDY
Address: 930 NW 199TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** SEC (X) Delete
Name: ARGUDIN, LINA
Address: 3028 SW 141 AVENUE
City-St-Zip: MIRAMAR, FL 33027 US**Title:** TREA (X) Delete
Name: DAVIS, PAT
Address: 630 NW 203RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** ATR (X) Delete
Name: INGRAM, BARBARA
Address: 18368 SW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TREA (X) Change () Addition
Name: VILLALOBOS, JULIE
Address: 480 SW 181ST WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBRA A. SIMMONS

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date