

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000009192

1. Entity Name
FLORIDA HIGH FOOTBALL BOOSTERS, INC.



Principal Place of Business
3000 SCHOOLHOUSE RD
TALLAHASSEE, FL 32311

Mailing Address
%ANGEL GRANGER
2986 JUNIPER ROAD
QUINCY, FL 32351

FILED

04 JUL -7 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
80-0079308

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HICKMAN, MIKE
3000 SCHOOLHOUSE RD
TALLAHASSEE, FL 32311

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANGER, ANGEL 2986 JUNIPER RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, ROSA 2316 BEAVER CREEK DR HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, TERRY 3166 JAMEY RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUMBLY, DEBBIE 4710 WAUKEENAH HWY MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, MIKE 3000 SCHOOLHOUSE RD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200038811312
07/07/04--01007--001 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

ag 7/7/04

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04 (850) 245-6838

Date

Daytime Phone #