


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -7 AM 8: 21

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 80-0079308	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HICKMAN, MIKE 3000 SCHOOLHOUSE RD TALLAHASSEE, FL 32311				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD GRANGER, ANGEL 2986 JUNIPER RD QUINCY, FL 32351		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TORRES, ROSA 2316 BEAVER CREEK DR HAVANA, FL 32333		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Bradley, Terrye 3166 Jamey Rd. Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRADLEY, TERRY 3166 JAMEY RD TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Rogowski, Diane 575 Matthew Clark Rd. Quincy, FL 32351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRUMBLY, DEBBIE 4710 WAUKEENAH HWY MONTICELLO, FL 32344		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKMAN, MIKE 3000 SCHOOLHOUSE RD TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000055846020 06/07/05--01011--017 *\$61.25	
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>Angel Granger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/22/05</u> Daytime Phone # <u>245-6838</u>		