

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91033 050 \*\*\*\*70.00

<b>DOCUMENT # N03000010672</b>					
<b>1. Entity Name</b> GATOR SENSATION DANCE TEAM BOOSTER CLUB INC					
<b>Principal Place of Business</b> 17100 SW 48 COURT MIRAMAR, FL 33027			<b>Mailing Address</b> 1811 NW 184 TERRACE PEMBROKE PINES, FL 33029		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04302004    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 20-0596011				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SANDRA, MCGEE 1811 NW 184 TERRACE PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name <u>DEBORAH CURLING-GRAY</u> Street Address (P.O. Box Number is Not Acceptable) <u>3156 SW 176 TERRACE</u> City <u>MIRAMAR, FL</u> Zip Code <u>33029</u>		
<b>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.</b>					
SIGNATURE <u>Deborah Curling-Gray</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>4/29/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> SANDRA, MCGEE <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	1811 NW 184 TERRACE		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	PEMBROKE PINES, FL 33029		<b>CITY-ST-ZIP</b>		
<b>TITLE</b> V	<b>NAME</b> LISA, WEINTRAUB <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	540 SW 178 WAY		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	PEMBROKE PINES, FL 33029		<b>CITY-ST-ZIP</b>		
<b>TITLE</b> T	<b>NAME</b> DEBORAH, CURLING-GRAY <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	3156 SW 176 TERRACE		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	MIRMAR, FL 33029		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
SIGNATURE: <u>Deborah Curling-Gray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/29/04</u> DAYTIME PHONE # <u>954-430-3284</u>		