2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400005309

FILED Apr 28, 2006 Secretary of State

Entity Name: EAGLE'S VIEW ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

7800-3 RAMONE BOULEVARD WEST

JACKSONVILLE, FL 32221 US

7800-3 RAMONA BOULEVARD WEST

JACKSONVILLE, FL 32221 US

Current Mailing Address: New Mailing Address:

7800-3 RAMONE BOULEVARD WEST
JACKSONVILLE, FL 32221 US
7800-3 RAMONA BOULEVARD WEST
JACKSONVILLE, FL 32221 US

FEI Number: 75-3148833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIBSON, KEVIN

8093 GREAT VALLEY TR

JACKSONVILLE, FL 32244 US

FEATHERMAN, HARRISON

10768 W FALL CREEK DR

JACKSONVILLE, FL 32222 US

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: HARRISON FEATHERMAN 04/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 GIBSON, KEVIN
 Name:
 FEATHERMAN, HARRISON J

 Address:
 8093 GREAT VALLEY TR
 Address:
 10768 W FALL CREEK DR

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 JACKSONVILLE, FL 32222

Title: V () Delete Title: () Change () Addition

 Name:
 ERIXTON, JENNIFER
 Name:

 Address:
 11256 OLD KINGS ROAD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32219
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 ADAMS, PERI
 Name:

 Address:
 4608 MORLEY LN
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition
Name: CALCOTE, MARSHA Name: JONES, DEBRA

Address: 9728 PEABODY DRIVE NORTH Address: 10876 FT VALLEY COURT City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 JONES T 04/28/2006