2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# N05000010188

Entity Name: SOUTH FORT MYERS HIGH SCHOOL LIFE SKILLS BOOSTER CLUB, INCORPORATED

Current Principal Place of Business:

14020 PLANTATION ROAD
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14020 PLANTATION ROAD
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-3536435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYNE, DONALD
14020 PLANTATION ROAD
FT MYERS, FL 33912 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: PD ( ) Delete
Name: ROVELSTAD, STEVEN
Address: 14047 CLEAR WATER LANE
City-St-Zip: FT MYERS, FL 33907

Title: VPD ( ) Delete
Name: STORY, LINDA
Address: 25121 PENNYROYAL DR
City-St-Zip: FT MYERS, FL 34134

Title: SD ( ) Delete
Name: NOLIN, CINTHIA
Address: 5649 EICHEN CIRCLE
City-St-Zip: FT MYERS, FL 33919

Title: TD ( ) Delete
Name: PAYNE, DONALD
Address: C/O S FT MYERS HIGH SCL 14020 PLANTATION R
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: STEVEN J. ROVELSTAD PD 02/24/2006

Electronic Signature of Signing Officer or Director — Date