2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10202

FILED Feb 24, 2005 Secretary of State

Entity Name: THE SEMINOLE WARHAWK BAND AIDES BOOSTERS, INC.

Current Principal Place of Business:			New Principa	New Principal Place of Business:	
8401 131ST SEMINOLE	STREET NO , FL 33776	ORTH US			
Current Mailing Address:			New Mailing A	New Mailing Address:	
8401 131ST SEMINOLE	STREET NO , FL 33776	ORTH US			
FEI Number:	59-2693916	FEI Number Applied For()	FEI Number Not Applicab	le () Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:	Name and Ad	dress of New Registered Agent:	
SERATA, JI 8273 131S SEMINOLE	T WAY N.	US	SMARIDGE, V 9575 131ST S SEMINOLE, FL	Γ	
The above in the State		submits this statement for the pu	rpose of changing its re	egistered office or registered agent, or both,	
SIGNATUR	E: VICKI SM	ARIDGE		02/24/2005	
	Electron	ic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SERATA, JUDY 8273 131ST V SEMINOLE, FL	VAY N.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () FISCHER, DEB 9406 ANNE C SEMINOLE, FL	Γ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () SMARIDGE, VIG 9575 131ST ST SEMINOLE, FL	REET NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RICHMAN, EILE 8790 MATTHEY SEMINOLE, FL	W STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () DRENTH, MARY 13221 84TH T SEMINOLE, FL	ERRACE N.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () HEISER, JILL 13870 80TH AV SEMINOLE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICKI SMARIDGE VD 02/24/2005