


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90019 035 ****61.25

DOCUMENT # N23604
 1. Entity Name
WESTERN QUARTERBACK BOOSTER CLUB, INC.



Principal Place of Business
 1200 SW 136TH AVE
 WESTERN HIGH SCHOOL
 FT. LAUDERDALE, FL 33325 US

Mailing Address
 3859 OAK RIDGE CIRCLE
 WESTON, FL 33331

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

02082004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0033718

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

54008666



| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GUYNES, JOE 3859 OAK RIDGE CIR. WESTON, FL 33331 | | 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)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 GUYNES, JOE 3589 OAK RIDGE CIR. WESTON, FL 33331 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RAKESTRAW, JERRY 84 AETA VISTA TERR FORT LAUDERDALE, FL 33325 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Cathy Sedley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1901 East oak Knoll Circle Ft Lauderdale, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILLER, ELAINE 402 S.W. 124TH TERR. DAVIE, FL 33325 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Linda Patullo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1317 Ginger Ct Weston, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DERENTHAL, LYNN R 13741 NEWPORT MANOR FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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: Lynn R. Derenthal Lynn R. Derenthal as Treasurer 2/10/04 954/4632700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #