2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# N37191

Entity Name: PANHANDLE SEMINOLE BOOSTERS, INC.

Current Principal Place of Business:

P.O. BOX 645
MARIANNA, FL 32447 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 645
MARIANNA, FL 324470645 US

New Mailing Address:

FEI Number: 59-2344884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWEENEY, GEORGE
2494 SPRING CREEK RD
MARIANNA, FL 32446 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: T ( ) Delete
Name: FUQUE, VICKIE B
Address: 4938 FLYNT DR
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: GEORGE SWEENEY,
Address: 2494 SPRING CREEK RD.
City-St-Zip: MARIANNA, FL

Title: D ( ) Delete
Name: WAYNE BROWN,
Address: 2863 WILDWOOD CIR.
City-St-Zip: MARIANNA, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: SHERRIE BROWN,
Address: 2863 WILDWOOD CIR.
City-St-Zip: MARIANNA, FL

Title: D ( ) Change (X) Addition
Name: ROY BAKER,
Address: 2853 WILDWOOD CIR
City-St-Zip: MARIANNA, FL 32447

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: GEORGE SWEENEY D 01/15/2004

Electronic Signature of Signing Officer or Director — Date