

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90395 019 ****61.25



DOCUMENT # N39038
1. Entity Name
LELY ACADEMIC BOOSTERS CLUB, INC.

Principal Place of Business: **LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES FL 34113 US**
Mailing Address: **LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES FL 34113 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State



MOORE CR2E037 (11/03)

4. FEI Number: **65-0199076**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**LAPORTE, KAREN
LELY HIGH SCHOOL
#1 LELY H.S. BLVD
NAPLES FL 34113**

7. Name and Address of New Registered Agent
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) DATE _____

**FILE NOW: 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	
TITLE: D	<input type="checkbox"/> Delete
NAME: LAPORTE, KAREN	
STREET ADDRESS: LELY H S BLVD, #1	
CITY-ST-ZIP: NAPLES FL 34113	
TITLE: TD	<input type="checkbox"/> Delete
NAME: BORDER, ANDREA	
STREET ADDRESS: 4588 EAGLE KEY CIR	
CITY-ST-ZIP: NAPLES FL 34112	
TITLE: PD	<input type="checkbox"/> Delete
NAME: MAZORRA, MARIA	
STREET ADDRESS: 921 ROSEA COURT	
CITY-ST-ZIP: NAPLES FL 34104	
TITLE: SD	<input type="checkbox"/> Delete
NAME: KEYES, BETH	
STREET ADDRESS: 153 W PAGO PAGO	
CITY-ST-ZIP: NAPLES FL 34113	
TITLE: SD	<input type="checkbox"/> Delete
NAME: MORTON, LINDA	
STREET ADDRESS: 116 PALMETTO DUNES CIR	
CITY-ST-ZIP: NAPLES FL 34113	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: Andrea Border Andrea Border 4-19-04 (239) 775-8624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #