


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39857</b>	
1. Entity Name <b>EASTSIDE HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.</b>	

Principal Place of Business <b>1800 N. MAIN ST GAINESVILLE FL 32601 US</b>	Mailing Address <b>1800 N. MAIN ST 2215 NW 24TH AVE GAINESVILLE FL 32601 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>FISHWICK, MARTHA 9324 SW 32ND PL GAINESVILLE FL 32608</b>	
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4. FEI Number <b>59-3078077</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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 <i>Martha Fishwick</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Martha Fishwick</i> <small>(NOTE: Registered Agent signature required when reissuing)</small>	1/20/05 <small>DATE</small>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME FISHWICK, MARTHA STREET ADDRESS 9324 SW 32ND PL CITY - ST - ZIP GAINESVILLE FL 32608	<input type="checkbox"/> Delete	T NAME FISHWICK, MARTHA STREET ADDRESS 9324 SW 32ND PL CITY - ST - ZIP GAINESVILLE FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME KEEGAN, BILL STREET ADDRESS 2035 NW 12TH RD CITY - ST - ZIP GAINESVILLE FL 32605	<input type="checkbox"/> Delete	P NAME KEEGAN, BILL STREET ADDRESS 2035 NW 12TH RD CITY - ST - ZIP GAINESVILLE FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1VPD NAME SMITH, ROSE STREET ADDRESS 13101 NW 19 PL CITY - ST - ZIP GAINESVILLE FL 32606	<input type="checkbox"/> Delete	1VPD NAME SMITH, ROSE STREET ADDRESS 13101 NW 19 PL CITY - ST - ZIP GAINESVILLE FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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01/25/05-80112-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Martha Fishwick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Martha Fishwick</i> <small>Date</small>	1/20/05 352-331-2457 <small>Daytime Phone #</small>
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