

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90285 043 ****61.25

DOCUMENT # N41024

1. Entity Name
FORT MYERS HIGH SCHOOL ACADEMIC BOOSTER CLUB, INC.



Principal Place of Business
**2635 CORTEZ BLVD
FORT MYERS, FL 33901**

Mailing Address
**2635 CORTEZ BLVD
FORT MYERS, FL 33901**

14011086



2. Principal Place of Business
2635 Cortez Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2635 Cortez Blvd.
Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
65-0235436

Applied For
Not Applicable

Zip
33901

Country
USA

Zip
33901

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAANGAY, ELIZABETH A
3970 HIDDEN ACRES CIRCLE S
NORTH FORT MYERS, FL 33903**

Name
Rosemary Speight
Street Address (P.O. Box Number is Not Acceptable)
17434 Tallulah Falls Road
City **North Fort Myers** **FL** Zip Code **33917**

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 **Rosemary Speight**

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

Rosemary Speight

(NOTE: Registered Agent signature required when re-registering)

4/27/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **T** ☒ Delete
NAME **CAANGAY, BETH**
STREET ADDRESS **3970 HIDDEN ACRES CIRCLE S**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **T** ☒ Delete
NAME **SIZEMORE, NANCY B**
STREET ADDRESS **15460 CATALPA COVE LANE**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☒ Delete
NAME **SIZEMORE, ROBERT S**
STREET ADDRESS **15460 CATALPA COVE LANE**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☒ Addition
NAME **Rosemary Speight**
STREET ADDRESS **17434 Tallulah Falls Road**
CITY-ST-ZIP **North Fort Meyrs, FL 33917**

TITLE ☒ Change ☐ Addition
NAME **Stephanie A. Wisniewski**
STREET ADDRESS **5533 Amoroso Drive**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rosemary Speight

Rosemary Speight

4/27/05

Date

239-731-1165

Daytime Phone #