

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

Zip
33901

Country
USA

Zip
33901

Country
USA

4. FEI Number
65-0235436

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Rosemary Speight

Street Address (P.O. Box Number is Not Acceptable)
17434 Tallulah Falls Road

City
North Fort Myers

State
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** *Rosemary Speight* **4/27/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE) Registered Agent signature required when re-registering 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	<input checked="" type="checkbox"/> Delete
NAME	CAANGAY, BETH	
STREET ADDRESS	3970 HIDDEN ACRES CIRCLE S	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIZEMORE, NANCY B	
STREET ADDRESS	15460 CATALPA COVE LANE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIZEMORE, ROBERT S	
STREET ADDRESS	15460 CATALPA COVE LANE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Speight	
STREET ADDRESS	17434 Tallulah Falls Road	
CITY-ST-ZIP	North Fort Meyrs, FL 33917	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie A. Wisniewski	
STREET ADDRESS	5533 Amoroso Drive	
CITY-ST-ZIP	Fort Myers, FL 33919	
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: **Rosemary Speight** *Rosemary Speight* **4/27/05** **239-731-1165**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #