2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N42295

Entity Name: RIDGEWOOD HIGH SCHOOL ATHLETIC BOOSTERS CORPORATION

Current Principal Place of Business:

7650 ORCHID LAKE ROAD
NEW PORT RICHEY, FL 346531399

New Principal Place of Business:

Current Mailing Address:

7650 ORCHID LAKE ROAD
NEW PORT RICHEY, FL 346531399

New Mailing Address:

FEI Number: 59-3052324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERS, GARY L
7650 ORCHID LAKE ROAD
NEW PORT RICHEY, FL 346531399 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:	D	( ) Delete
Name:	UROCHER, DAVID G	
Address:	7650 ORCHID LANE DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	COVD	( ) Delete
Name:	BARRY, BACHUS D	
Address:	7327 MAHAFFEY DR	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	T	( ) Delete
Name:	CARLI, MICHELE A	
Address:	8304 SPLIT RAIL LANE	
City-St-Zip:	HUDSON, FL 34667	
Title:	D	( ) Delete
Name:	HORRISON, LINDA	
Address:	7131 VISTA WAY	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	D	( ) Delete
Name:	PRIEST, JAMES	
Address:	7650 ORCHID LAKE DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	COV	( ) Delete
Name:	GALIZIA, MIKE	
Address:	7650 ORCHID LAKE ROAD	
City-St-Zip:	NEW PORT RICHEY, FL 34653	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHELE A. CARLI T 04/28/2004

Electronic Signature of Signing Officer or Director — Date