2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90016 014 ****61.25

DOCUMENT # N42501

1. Entity Name
BROWARD SEAHAWKS SWIM TEAM BOOSTER CLUB, INC.

44015687

Principal Place of Business	Mailing Address
SUNRISE CIVIC CENTER 10610 WEST OAKLAND PARK BLVD. SUNRISE, FL 33351 US	3320 NW 97 WAY SUNRISE, FL 33351 US

03012004 Chg-NP CR2E037 (10/03)

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

4. FEI Number 65-0245482 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELEN PARDO
3320 NW 97 WAY
SUNRISE, FL 33351

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARDO, HELEN 3320 NW 97 WAY SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNCIE, SEAN D 10610 W OAKLAND PARK BLVD SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIFELSKI, ERIC 9241 NW 24 CT. SUNRISE, FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Camille Briley 8434 NW 40 Ct Sunrise, Fl, 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FORELLE, SARA 16941 ROYAL POINCIANA DR. SUNRISE, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Carlos Schulz 1299 NW 126 Ave Sunrise, Fl. 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOODWIN, DENISE 4221 NW 118 AVE SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Denise Goodwin 2770 NW 115 Ter Coral Springs, Fl 33065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Helen Pardo 3/1/04 954-747-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #