2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N93000002270

Entity Name: THE SARASOTA FOOTBALL BOOSTERS II, INC.

Current Principal Place of Business:

C/O BOB PERKINS HEAD FOOTBALL COACH
SARASOTA HIGH SCHOOL-1000 S. SCHOOL AVE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

C/O BOB PERKINS HEAD FOOTBALL COACH
SARASOTA HIGH SCHOOL-1000 S. SCHOOL AVE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0411455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, TERRY L
1218 KIRKWOOD LN
SARASOTA, FL 34232 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: PERKINS, ROBERT M
Address: 96 COLUMBIA RD
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete
Name: ESKEW, LORI
Address: 5336 WINEWOOD DR.
City-St-Zip: SARASOTA, FL 34232

Title: PD ( ) Delete
Name: HORTH, GARY
Address: 3700 TYNE LN.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: BERKEY, JOITTA
Address: 5813 COUNTRYWOOD DR
City-St-Zip: SARASOTA, FL 34232

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: ROBERT PERKINS D 05/02/2005

Electronic Signature of Signing Officer or Director — Date