

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90504 018 ****61.25

DOCUMENT # N93000003215 1. Entity Name LAKEWOOD HIGH FOOTBALL BOOSTERS, INC.					
Principal Place of Business LAKEWOOD HIGH SCHOOL 1400-54 AVE SO ST PETERSBURG, FL 33705 US			Mailing Address LAKEWOOD HIGH SCHOOL 1400-54 AVE SO ST PETERSBURG, FL 33705 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3194001	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAUFFMAN, JAY E 12823 N 80TH AVE SEMINOLE, FL 33776			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	D BROWN, TAMMY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2651 GRANADA CIR E		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, TOM		NAME		
STREET ADDRESS	5701 102ND AVE. N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, JAY E		NAME		
STREET ADDRESS	6526 CENTRAL AVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCH, BRIAN		NAME		
STREET ADDRESS	3034 HOMSTEAD OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 34619		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DIXON, OTIS	
STREET ADDRESS			STREET ADDRESS	1400 54 AVE SO	
CITY-ST-ZIP			CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: TA					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/28/05 Daytime Phone # 727-381-5999					