

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005385

FILED
Aug 11, 2004
Secretary of State

Entity Name: WILLISTON HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business:

427 W NOBLE AVE
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 836
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 59-3243368 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KENDALL, DAVID A
530 E. COUNTRY CLUB DR
WILLISTON, FL 32696

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: TD () Delete
Name: KENDALL, DAVID A
Address: 530 E COUNTRY CLUB DR.
City-St-Zip: WILLISTON, FL 32696

Title: PD () Delete
Name: SHEFFIELD, KEN
Address: 1651 NE 124TH TERR
City-St-Zip: WILLISTON, FL 32696

Title: VPD () Delete
Name: BREATEN, LISA
Address: 750 SW HWY 41
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: STACY, ALECIA
Address: 11271 NE 87TH AVE
City-St-Zip: BRONSON, FL 32621

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:

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: DAVID A. KENDALL

TD

08/11/2004

Electronic Signature of Signing Officer or Director

Date