2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

| DOCUMENT # N9300005385 1. Entity Name WILLISTON HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC. | | | | 03-14-200 | 5 90081 039 ***150 | 0.00 | |
|---|---|--|--|---|---|-------------------------------|--|
| Principal Place of Business Mailing Address 427 W NOBLE AVE PO BOX 836 WILLISTON, FL 32696 US WILLISTON, FL 32696 US | | | US | | | | |
| 2 Principal P | lace of Business 3. | Aailing Address | | | | | |
| <u> </u> | | | | I INCTITION STATESTON (ITT) WHITH SOUTH | Marili marri d'aidri meram essus l'ains arr | INST OF THE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01192005 Chg-NP CR2E037 (10/03) | | | |
| City & State | | City & State | | 4. FEI Number 59-3243368 | | plied For t Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$9.75 | litional | |
| | 6. Name and Address of Current Regis | ered Agent | | 7. Name and Address of Nev | | <u> </u> | |
| KENDALI | DAVIDA | - | Name | • | | | |
| KENDALL, DAVID A 530 E. COUNTRY CLUB DR WILLISTON, FL 32696 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | • | | City | | Zip Code | | |
| | | | | | PL | | |
| | named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title. | · | | | DATE | and accept | |
| | Signature, typed or printed name or registered agent and tipe | applicable. (NOTE: | Registered Agent signature requ | uired when reinstating) | UAIE | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Camp Trust Fund Co | paign Financing | \$5.00 May Be | Make check payable to | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

352-528-4970

Date

Daytime Phone #