

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ()

DOCUMENT # N94000001728

1. Entity Name
SPECIAL ATHLETE BOOSTERS, INC.



FILED

04 JAN 28 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
910 GULF COAST BLVD.
VENICE, FL 34292

Mailing Address
PO BOX 2112
VENICE, FL 34284

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

85-0488258

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N WASHINGTON BLVD #1
SARASOTA, FL 34238

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 changing)

DATE

FILE NOW: FEE IS \$61.25
Initial or Amended Only

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 PD COX, JOHN ☐ Delete

STREET ADDRESS 7016 PROFESSIONAL PKWY E
CITY-STATE-ZIP SARASOTA, FL 34240

TITLE NAME John Cox - Vice President ☒ Change ☐ Addition

STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME TD HOKAMP, HERMAN ☐ Delete

STREET ADDRESS 2943 DICK WILSON DRIVE
CITY-STATE-ZIP SARASOTA, FL 34240

TITLE NAME Herman Hokamp-Vice Pres. ☒ Change ☐ Addition

STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME V HOKAMP, SUE ☐ Delete

STREET ADDRESS 2943 DICK WILSON DRIVE
CITY-STATE-ZIP SARASOTA, FL 34240

TITLE NAME Sue Hokamp - President ☒ Change ☐ Addition

STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME S KIMBROUGH, ROBERT ☒ Delete

STREET ADDRESS 1630 CROSS ST
CITY-STATE-ZIP SARASOTA, FL 34238

TITLE NAME Vice President ☐ Change ☒ Addition

STREET ADDRESS Andrea Saputo
CITY-STATE-ZIP 2150 47th St Sarasota, FL 34234

TITLE NAME D LEY, TAMARA ☐ Delete

STREET ADDRESS 4932 OLD OAK LEAF DRIVE
CITY-STATE-ZIP SARASOTA, FL 34233

TITLE NAME Executive Director ☐ Change ☒ Addition

STREET ADDRESS Robert Rankin
CITY-STATE-ZIP P.O. Box 2112 Venice, FL 34284

TITLE NAME Treasure ☐ Delete

STREET ADDRESS Jeff French
CITY-STATE-ZIP 1314 E. Venice Ave, Suite C
Venice, FL 34292

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS 000028150350
CITY-STATE-ZIP 02/03/04--01051--002 **70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/20/04

Date

Daytime Phone #

CR2037 (10/02)