

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003361**

1. Entity Name  
F.S.D.B. ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business  
207 N. SAN MARCO AVE.  
ST. AUGUSTINE, FL 32084

Mailing Address  
207 N. SAN MARCO AVE.  
ST. AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3260392

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOCHANSKI, PAMELA L  
740 C.R. 13 SOUTH  
ST. AUGUSTINE, FL 32092

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000089931  
03/16/04-80008-022 61.25

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, RICK
STREET ADDRESS	207 N SAN MARCO AVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	VD
NAME	COLVIN, JIMMY
STREET ADDRESS	207 N SAN MARCO AVENUE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	STD
NAME	KOCHANSKI, PAMELA L
STREET ADDRESS	207 N SAN MARCO AVENUE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	TD
NAME	CURTIS, BRUCE
STREET ADDRESS	207 N SAN MARCO AVENUE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Pamela L. Kochanski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/04

904-827-2324