2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# N94000003361

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3260392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROBERTS, RICK L
520 FLA CLUB BLVD.
206
ST. AUGUSTINE, FL 32084 US

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: RICK L. ROBERTS 09/05/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBERTS, RICK
Address: 207 N SAN MARCO AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD ( ) Delete
Name: COLVIN, JIMMY
Address: 207 N SAN MARCO AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: STD (X) Delete
Name: KOCHANSKI, PAMELA L
Address: 207 N SAN MARCO AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD (X) Delete
Name: CURTIS, BRUCE
Address: 207 N SAN MARCO AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOLFE, BRYAN
Address: 207 N SAN MARCO AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD (X) Change ( ) Addition
Name: DAVIS, WALTER S
Address: 207 N SAN MARCO AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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 Chapter 119, 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: BRYAN J. WOLFE PD 09/05/2006
Electronic Signature of Signing Officer or Director Date