




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90048 016 ****61.25

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # N94000005345 1. Entity Name BOCA RATON BOBCAT BOOSTER CLUB, INC. | | | |  | |
| Principal Place of Business 1501 NW 15 CT. BOCA RATON, FL 33486 US | | | Mailing Address P.O. BOX 1042 BOCA RATON, FL 33429-1042 | | |
| 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 65-0534421 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DELANEY, MICHAEL F 5147 DEERHURST CRESCENT CIRCLE BOCA RATON, FL 33486 | | | Name Tammy L. Schmiat Street Address (P.O. Box Number is Not Acceptable) 990 NW 8th Street City Boca Raton FL Zip Code 33486 | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 1/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 STREET ADDRESS CITY-ST-ZIP | PD KIRSCH, ANDREW L 798 SW 17TH ST BOCA RATON, FL 33486 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HCAKETT, HARRY 671 SW 15TH ST BOCA RATON, FL 33486 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hackett, Harry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DELANEY, MICHAEL F 5147 DEERHURST CRESCENT CIR BOCA RATON, FL 33486 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KLEIN, DEBRAH 1380 SW 15TH ST BOCA RATON, FL 33486 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Craig Fabel 2491 NW Timbercreek Circle Boca Raton, FL 33431 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tammy Schmiat 990 NW 8th Street Boca Raton, FL 33486 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Todd Victor 331 SW 33rd Ave Deerfield Beach, FL 33442 | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 1/14/04 <small>Date Daytime Phone #</small> | | |