


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91004 033 ****61.25

DOCUMENT # N95000005198

1. Entity Name
SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.



Principal Place of Business
**14163 81 AVE. NO.
SEMINOLE FL 33776**

Mailing Address
**14163 81 AVE. NO.
SEMINOLE FL 33776
US**

2. Principal Place of Business
13045 POINSETTIA AVE

3. Mailing Address
13045 POINSETTIA AVE

Suite, Apt. #, etc.
SEMINOLE, FLORIDA

Suite, Apt. #, etc.
SEMINOLE, FLORIDA

City & State
SEMINOLE, FL


City & State
SEMINOLE, FL

Zip
33776

Country
USA

Zip
33776

Country
USA



MOORE CR2E037 (11/03)

4. FEI Number
59-3341458

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CROUCH, DONALD
14163 81 AVE. NO.
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

Name
JANA SIMONS

Street Address (P.O. Box Number is Not Acceptable)
13045 POINSETTIA AVE

City
SEMINOLE

FL Zip Code
33776

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: *Jana F. Simons* **Jana F. Simons Pres.** **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 **Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, JACK 12323 91ST TERRACE NORTH SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMI, JAMIE 13088 93 AVE NO SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, DONALD 14163 81ST AVE NO SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JANA SIMONS 13045 POINSETTIA AVE SEMINOLE, FLORIDA 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GINNY PANIN 1883 OAKDALE LANE NORTH CLEARWATER, FLORIDA 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JIM ALLEN 8245 FOREST CIRCLE SEMINOLE, FLORIDA 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DARYL STARGEL 13131 CIMARRON CIRCLE SOUTH LARGO, FLORIDA 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jana F. Simons* **Jana F. Simons** **4/26/04** **(727) 365-4661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #