


# 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

<b>DOCUMENT # N95000005198</b>	
1. Entity Name <b>SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.</b>	

Principal Place of Business <b>14163 81 AVE. NO. SEMINOLE FL 33776</b>	Mailing Address <b>14163 81 AVE. NO. SEMINOLE FL 33776 US</b>
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2. Principal Place of Business <b>13045 POINSETTIA AVE SEMINOLE, FLORIDA</b>	3. Mailing Address <b>13045 POINSETTIA AVE SEMINOLE, FLORIDA</b>
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City & State <b>SEMINOLE, FL</b>	City & State <b>SEMINOLE, FL</b>
Zip <b>33776</b>	Country <b>USA</b>



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>CROUCH, DONALD 14163 81 AVE. NO. SEMINOLE FL 33776</b>	
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4. FEI Number <b>59-3341458</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent Name <b>JANA SIMONS</b> Street Address (P.O. Box Number is Not Acceptable) <b>13045 POINSETTIA AVE</b> City <b>SEMINOLE</b> FL Zip Code <b>33776</b>	
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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 <b>Jana F. Simons</b> Signature, typed or printed name of registered agent and title if applicable.	<b>Jana F. Simons Pres.</b> (NOTE: Registered Agent signature required when reinstating)	<b>4/26/04</b> DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAYLOR, JACK</b> <b>12323 91ST TERRACE NORTH</b> <b>SEMINOLE FL 33772</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COMI, JAMIE</b> <b>13088 93 AVE NO</b> <b>SEMINOLE FL 33776</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CROUCH, DONALD</b> <b>14163 81ST AVE NO</b> <b>SEMINOLE FL 33776</b> <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	<b>PRESIDENT</b> <b>JANA SIMONS</b> <b>13045 POINSETTIA AVE</b> <b>SEMINOLE, FLORIDA 33776</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>CINDY PANIN</b> <b>1883 OAKDALE LANE NORTH</b> <b>CLEARWATER, FLORIDA 33764</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JIM ALLEN</b> <b>8245 FOREST CIRCLE</b> <b>SEMINOLE, FLORIDA 33776</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>DARYL STARGEL</b> <b>13131 CIMARRON CIRCLE SOUTH</b> <b>LARGO, FLORIDA 33774</b> <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.	
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<b>SIGNATURE: Jana F. Simons</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/26/04 (727) 365-4661</b> Date Daytime Phone #
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