


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90049 048 ****61.25

DOCUMENT # N95000005198

1. Entity Name
SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.



Principal Place of Business Mailing Address

**8401 131ST ST. N.
 SEMINOLE, FL 33776 US** **8401 131ST ST. N.
 SEMINOLE, FL 33776 US**

40007677



DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3341458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~HOBACH, JOHN P PRES.~~ **TINA FORD**
~~10070 BOTANICA DR.~~ **19201 VISTA LANE #C-3**
~~SEMINOLE, FL 33778~~ **INDIAN SHORES, FL 33785**

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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: *Tina Ford* DATE: 1/22/07

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOBACH, JOHN 10070 BOTANICA DR. SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FORD, JOHN 19201 VISTA LANE #C-3 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FORD, TINA 19201 VISTA LANE #C-3 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STARGEL, DARYL 13131 CIMARRON CIRCLE S. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Daryl Stargel* **Daryl Stargel (T)** DATE: 1/23/07 DAYTIME PHONE #: (727) 302-3260

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