

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

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

40007677



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

~~HOBACH, JOHN P PRES.~~
~~10070 BOTANICA DR.~~
~~SEMINOLE, FL 33778~~

TINA FORD
19201 VISTA LANE #C-3
INDIAN SHORES, FL 33785

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/07

**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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IN THIS SPACE**

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)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/07 (727) 302-3260