

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/3/200

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 91246 017 ****61.25

DOCUMENT # N95000005618	
1. Entity Name TARPON BOOSTER CLUB, INC.	

Principal Place of Business 1601 TAMiami TRAIL PUNTA GORDA, FL 33950	Mailing Address 1601 TAMiami TRAIL PUNTA GORDA, FL 33950
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66427121



2. Principal Place of Business Charlotte High Suite, Apt. #, etc.	3. Mailing Address 1850 Cooper St. Suite, Apt. #, etc.
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02042004 Chg-NP CR2E037 (10/03)

City & State Punta Gorda	City & State
Zip 33950	Country

4. FEI Number 65-0432872	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BIEHL, DANNY L 1601 TAMiami TRAIL PUNTA GORDA, FL 33950	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

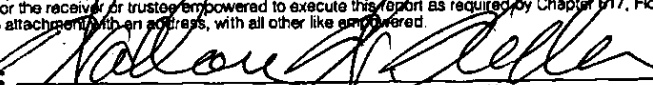
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE
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Filing 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEHL, DANNY L 1601 TAMiami TRAIL PUNTA GORDA, FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNON, THOMAS W 3801 MAGNOLIA WAY PUNTA GORDA, FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, WALLACE 133 SMALL ST PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, JACK 800 SIDNEY TERRACE N.W. PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	Date: 6-4-04	Daytime Phone: 457 3447
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Wallace W. Keller