


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90030 001 ****61.25

| | |
|--|---|
| DOCUMENT # N96000001029 |  |
| 1. Entity Name AUBURNDALÉ NAVAL JUNIOR ROTC BOOSTER CLUB, INC. | |

| | |
|---|--|
| Principal Place of Business 1 BLOODHOUND TRAIL AUBURNDALÉ, FL 33823 | Mailing Address 1851 ORANGEWOOD AVE. S.W. WINTER HAVEN, FL 33880 |
|---|--|

94023350

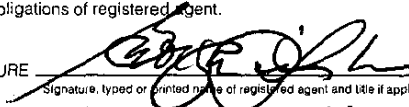


| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02112004 Chg-NP CR2E037 (10/03)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| BRIGHAM, GEORGE T 1 BLOODHOUND TRAIL AUBURNDALÉ, FL 33823 | |

| | |
|--|----------|
| 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 2-24-04 |

| | | | |
|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | DP JACKSON, MARIE 53 TOWER MANOR DR AUBURNDALÉ, FL 33823 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BAILEY, KAREN B 1851 ORANGEWOOD AVE SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS COLEMAN, BETTY 4820 HOLTON ROAD AUBURNDALÉ, FL 33823 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HARTMAN, CLEA K 450 E CUMMINGS ST LAKE ALFRED, FL 33850 <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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.D. MOUNT, RONALD B. 215 So. Ilakee Ave. Lake Alfred, FL 33850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MOUNT, Leslie D. 215 So. Ilakee Ave. Lake Alfred, FL 33850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Allison, Kathi 513 Oakland Road Auburndale, FL 33823 <input checked="" type="checkbox"/> Change <input 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: Karen B Bailey - Karen B. Bailey | Date 863-293-6014 |

2-24-04