



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90056 029 ****61.25

DOCUMENT # N96000001029 1. Entity Name AUBURNDALE NAVAL JUNIOR ROTC BOOSTER CLUB, INC.					
Principal Place of Business 1 BLOODHOUND TRAIL AUBURNDALE, FL 33823			Mailing Address 185+ ORANGEWOOD AVE. S.W. WINTER HAVEN, FL 33880		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1 Bloodhound Trail</i>			
City & State <i>Auburndale FL</i>		City & State <i>Auburndale FL</i>		4. FEI Number 59-3488368	
Zip <i>33823</i>		Country <i>FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIGHAM, GEORGE T 1 BLOODHOUND TRAIL AUBURNDALE, 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOUNT, RONALD B 215 S ILAKEE AVE. LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Stevens, Lori 2176 Ave. 11 NW Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, KAREN B 1851 ORANGEWOOD AVE SW WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. D. Bailey, Karen B. 1851 Orangewood Ave SW. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOUNT, LESLIE D 215 S ILAKEE AVE. LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Wright, Cheryl 606 Ralph St. Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLISON, KATHI 513 OAKLAND RD. AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D Allison, Kathi 114 Rose St. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>Karen B Bailey</i>			2/13/05 863/293-6014		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		