

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002413

FILED
Jan 20, 2004
Secretary of State**Entity Name:** SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.**Current Principal Place of Business:**2701 RIDGEWOOD AVE.
SANFORD, FL 32773**New Principal Place of Business:****Current Mailing Address:**2701 RIDGEWOOD AVE.
SANFORD, FL 32773**New Mailing Address:**

FEI Number: 59-3394585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MCCOOL, DENNIS
5306 VISTA CLUB RUN
SANFORD, FL 32771 US**Name and Address of New Registered Agent:**MCCOOL, DENNIS
1295 NORTH MARYLAND
SANFORD, FL 32771 US

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.

SIGNATURE:

01/20/2004

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: MCCOOL, DENNIS
Address: 5306 VISTA CLUB RUN
City-St-Zip: SANFORD, FL 32771Title: TD () Delete
Name: SCHOMER, CHARLES
Address: 106 FOXBRIDGE RUN
City-St-Zip: LONGWOOD, FL 32750Title: SD () Delete
Name: MOORE, SALLY
Address: 3370 CHIO AVE
City-St-Zip: SANFORD, FL 32773Title: VP1D () Delete
Name: WARD, ROY
Address: 990 MILLER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701Title: VP2D () Delete
Name: ROBERTSON, DON C
Address: 5965 FEATHER LANE
City-St-Zip: SANFORD, FL 32771**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP1D (X) Change () Addition
Name: LINDA, GARDNER
Address: 108 MAPLEWOOD DR
City-St-Zip: SANFORD, FL 32771Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SCHOMER

TD

01/20/2004

Electronic Signature of Signing Officer or Director

Date