

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90471 010 ****70.00

DOCUMENT # N96000004281

1. Entity Name

FIVE STAR BOOSTER CLUB, INC.



Principal Place of Business

11363-400 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address

11363-400 SAN JOSE BLVD.
JACKSONVILLE FL 32223

54053791



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3394708

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, JOANNE
11363-400 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Name **AMY LYNCH**

Street Address (P.O. Box Number is Not Acceptable)
11363-400 SAN JOSE BLVD

City **JACKSONVILLE**

FL

Zip Code **32223**

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

Amy J. Lynch

President

04/28/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **ACAYAN, TERRY**
STREET ADDRESS **11363-400 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **AMY LYNCH**
STREET ADDRESS **11363-400 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **SD** ☒ Delete
NAME **MOON, DEBORAH**
STREET ADDRESS **11363-400 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **CHERYL PHIPPS**
STREET ADDRESS **11363-400 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **VPD** ☐ Delete
NAME **BECK, MARY**
STREET ADDRESS **11363-400 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☒ Delete
NAME **ROSENBERG, JOANNE**
STREET ADDRESS **11363-400 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Terry Acayan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(904) 260-4866

Daytime Phone #