

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90163 038 \*\*\*\*70.00

<b>DOCUMENT # N96000004281</b> 1. Entity Name <b>FIVE STAR BOOSTER CLUB, INC.</b>			
Principal Place of Business <b>11363-400 SAN JOSE BLVD. JACKSONVILLE, FL 32223</b>		Mailing Address <b>11363-400 SAN JOSE BLVD. JACKSONVILLE, FL 32223</b>	
2. Principal Place of Business <b>3000 Plummer Cove Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3000 Plummer Cove Rd</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32223</b>	Country <b>USA</b>	Zip <b>32223</b>	Country <b>USA</b>
4. FEI Number <b>59-3394708</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03272005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>LYNCH, AMY 11363-400 SAN JOSE BLVD. JACKSONVILLE, FL 32223</b>		7. Name and Address of New Registered Agent Name <b>Lynch, Amy</b> Street Address (P.O. Box Number is Not Acceptable) <b>3000 Plummer Cove Rd</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32223</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACAYAN, TERRY 11363-400 SAN JOSE BLVD. JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - TD Bailys, Allison 3000 Plummer Cove Rd Jax, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHAPPS, CHERYL 11363-400 SAN JOSE BLVD JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - SD Bertorello, Hilary 3000 Plummer Cove Rd Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECK, MARY 11363-400 SAN JOSE BLVD. JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECK, MARY 3000 Plummer Cove Rd Jacksonville, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, AMY 11363-400 SAN JOSE BLVD. JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, Amy 3000 Plummer Cove Rd JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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.			
<b>SIGNATURE:</b> <i>Allison Bailys</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Allison Bailys</i> <b>4/6/05 (904) 262-6251</b> <small>Date Daytime Phone #</small>	