

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004281

FILED
Apr 23, 2006
Secretary of State

Entity Name: FIVE STAR BOOSTER CLUB, INC.

Current Principal Place of Business:

3000 PLUMMER CCOVE RD
JACKSONVILLE, FL 32223

New Principal Place of Business:

3000 PLUMMER COVE RD
JACKSONVILLE, FL 32223

Current Mailing Address:

3000 PLUMMER CCOVE RD
JACKSONVILLE, FL 32223

New Mailing Address:

3000 PLUMMER COVE RD
JACKSONVILLE, FL 32223

FEI Number: 59-3394708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYNCH, AMY
3000 PLUMMERS COVE RD
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BAILYS, ALLISON
Address: 3000 PLUMMER COVE RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: BERTORELLO, HILARY
Address: 3000 PLUMMERS COVE RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD () Delete
Name: BECK, MARY
Address: 3000 PLUMMERS COVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: LYNCH, AMY
Address: 3000 PLUMMER COVE RD
City-St-Zip: JACKSONVILLE, FL 32223

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: () 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 Chapter 119, 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: ALLISON BAILYS

TD

04/23/2006

Electronic Signature of Signing Officer or Director

Date