

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90158 017 ****61.25

DOCUMENT # N96000005292			
1. Entity Name PALM COAST MSU ALUMNI CLUB, INC.			
Principal Place of Business 121 RAINTREE TRAIL JUPITER FL 33458		Mailing Address 121 RAINTREE TRAIL JUPITER FL 33458	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0704074		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLEISCHMANN, JAMES P 121 RAINTREE TRAIL JUPITER FL 33458		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 _____ DATE _____			



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P FLEISCHMANN, JAMES	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 121 RAINTREE TRAIL JUPITER FL		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME VP HORNIMAN, JACK	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8557 S.E. COCONUT ST HOBE SOUND FL 33455		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME S CLARK, DEBORAH	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8557 S.E. COCONUT ST HOBE SOUND FL 33455		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME T SCHRECEGOST, FAYE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9975 169TH CT. JUPITER FL		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME D TUCKER, KAREN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 44 COCOANUT ROW, #B-402 PALM BEACH FL		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME D HIGHFIELD, DEL	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5332 LAKE WORTH ROAD LAKE WORTH FL		STREET ADDRESS CITY-ST-ZIP	

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: *[Signature]* **5/5/03** **(561)** **686-2481**

CR2E037 (10/02)