

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000871

FILED
Feb 05, 2004
Secretary of State**Entity Name:** EAST LAKE EAGLES WRESTLING BOOSTERS, INC.**Current Principal Place of Business:**1300 SILVER EAGLE DR
TARPON SPRINGS, FL 34689**New Principal Place of Business:****Current Mailing Address:**3885 CAPITOL DR
PALM HARBOR, FL 34685**New Mailing Address:****FEI Number:** 59-3604020**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRIPOLI, THOMAS
3885 CAPITOL DR
PALM HARBOR, FL 34685**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: P () Delete
Name: TRIPOLI, THOMAS
Address: 3885 CAPITOL DR
City-St-Zip: PALM HARBOR, FL 34685

Title: VP () Delete
Name: MAHR, MONIQUE
Address: 3334 WEDGEWOOD WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: AKINS, SHERRY
Address: 2546 SADDLEWOOD LN
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: GERMUSKA, MICHAEL
Address: 2512 WOODCOTE TERRACE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: COLLINS, PETER
Address: 1831 MARILYN DRIVE
City-St-Zip: CLEARWATER, FL 34619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PELUSO, DEBBIE
Address: 5520 SALEM SQUARE DRIVE S
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CRUTCHFIELD, SHERYL
Address: 3747 MULLENHURST DR
City-St-Zip: PALM HARBOR, FL 34685

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 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: SHERRY AKINS

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02/05/2004

Electronic Signature of Signing Officer or Director

Date