
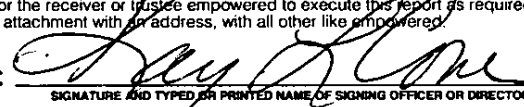


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 022 ****61.25

DOCUMENT # N97000001527 1. Entity Name WINTER SPRINGS HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.					
Principal Place of Business 130 TUSCAWILLA ROAD WINTER SPRINGS, FL 32708			Mailing Address P.O. BOX 195238 WINTER SPRINGS, FL 32719-5238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 68-0172274				Applied For <input type="checkbox"/> 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		
COLEMAN, ROGER 900 WINDERLEY PL 105 MAITLAND, FL 32751			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEEL, RICK		NAME		
STREET ADDRESS	618 PONY CT.		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	VPFR	<input checked="" type="checkbox"/> Delete	TITLE	VPFR/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, KARL		NAME	Curley, Bob	
STREET ADDRESS	908 ARABIAN AVE		STREET ADDRESS	307 Twelve Oaks Dr	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPFR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, RUGUEL		NAME	Santana, Raquel	
STREET ADDRESS	1011 SOPLING DR		STREET ADDRESS	1101 Sapling Dr	
CITY-ST-ZIP	WINTER SPRINGS, FL 32908		CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VPMD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, MARCIE		NAME	Mayer, Cheryl	
STREET ADDRESS	210 CHESTNUT RIDGE ST		STREET ADDRESS	1756 Seneca Blvd	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	PDAS	<input checked="" type="checkbox"/> Delete	TITLE	VPFR/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUNDA, MIKE		NAME	Turner, Valerie	
STREET ADDRESS	614 PONY CT.		STREET ADDRESS	412 Ringwood Cir	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, KAY L		NAME		
STREET ADDRESS	1111 ARBOR GLEN CIR		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		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: 			3-22-05 407-696-8125		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		