


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90037 030 ****70.00

DOCUMENT # N97000005168	
1. Entity Name RIVERVIEW WRESTLING BOOSTERS CLUB, INC.	

Principal Place of Business 4938 HUBNER CIRCLE SARASOTA, FL 34241 US	Mailing Address 4938 HUBNER CIRCLE SARASOTA, FL 34241 US
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94058421

2. Principal Place of Business 780 Apex Rd. Suite, Apt. #, etc.	3. Mailing Address 780 Apex Rd. Suite, Apt. #, etc.
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02212004 Chg-NP CR2E037 (10/03)

City & State Sarasota FL	City & State Sarasota FL
Zip 34240	Zip 34240
Country US	Country US

4. FEI Number 65-0792842	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERKEY, LARRY 4938 HUBER CIRCLE SARASOTA, FL 34241	7. Name and Address of New Registered Agent Name: Karen L. Ambrosia Street Address (P.O. Box Number is Not Acceptable): 780 Apex Rd. City: Sarasota FL Zip Code: 34240
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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 <i>Karen L. Ambrosia</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/19/04 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	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 DT	NAME ELLIS, CALVIN <input checked="" type="checkbox"/> Delete	TITLE	NAME President. Karen L. Ambrosia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4136 WAKE AVE	CITY-ST-ZIP SARASOTA, FL 34241	STREET ADDRESS 780 Apex Rd.	CITY-ST-ZIP Sarasota FL 34240
TITLE DP	NAME BERKERY, LARRY <input type="checkbox"/> Delete	TITLE	NAME Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4938 HUBNER CT.	CITY-ST-ZIP SARASOTA, FL 34241	STREET ADDRESS 4001 Bunker Rd. #213	CITY-ST-ZIP Sarasota FL 34233
TITLE D	NAME IERARDI, ROGER <input checked="" type="checkbox"/> Delete	TITLE	NAME Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1941 BAYWOOD COURT	CITY-ST-ZIP SARASOTA, FL 34231	STREET ADDRESS 1 Ram Way	CITY-ST-ZIP Sarasota FL 34231
TITLE DVP	NAME COZY, JOHN <input checked="" type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7267 MAUNA LOA BLVD	CITY-ST-ZIP SARASOTA, FL 34241	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME ELLIS, KELLY <input checked="" type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4136 WAKE AVE	CITY-ST-ZIP SARASOTA, FL 34241	STREET ADDRESS	CITY-ST-ZIP
TITLE DS	NAME FERNKORN, DANA <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4001 CRUCKENS LAKE BLVD	CITY-ST-ZIP SARASOTA, FL 34238	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: <i>Karen L. Ambrosia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/19/04 Daytime Phone #: 941-342-4545