

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001404

FILED
Jan 13, 2004
Secretary of State

Entity Name: GULF COAST ALL SPORTS BOOSTERS CLUB, INC.

Current Principal Place of Business:

7878 IMMOKALEE ROAD
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

7878 IMMOKALEE ROAD
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3485872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SATHER, LAWRENCE D
C/O GULF COAST HIGH SCHOOL
7878 IMMOKALEE ROAD
NAPLES, FL 34119 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: D () Delete
Name: CLAWSON, TINA
Address: 315 21ST ST SW
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: PHILLIPS, DEBRA
Address: 304 15TH ST NW
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: OGDEN, DEBRA
Address: 260 4TH ST NE
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: SHOEMAKER, ROGER
Address: 3210 15TH AV SW
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: STEELMAN, CAROLEE
Address: 5920 10TH AV NW
City-St-Zip: NAPLES, FL 34119

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:

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: TINA CLAWSON

D

01/13/2004

Electronic Signature of Signing Officer or Director

Date