


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90232 022 \*\*\*\*61.25

<b>DOCUMENT # N98000003431</b> 1. Entity Name <b>RIVERDALE HIGH SCHOOL ALL SPORTS BOOSTERS CLUB, INC.</b>					
Principal Place of Business <b>2600 BUCKINGHAM ROAD FORT MYERS, FL 33905</b>			Mailing Address <b>2600 BUCKINGHAM ROAD FORT MYERS, FL 33905</b>		
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 <b>65-0856417</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BYRUS, DIANE 2600 BUCKINGHAM ROAD FORT MYERS, FL 33905</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAVANAUGH, MICHAEL</b>		NAME		
STREET ADDRESS	<b>2600 BUCKINGHAM RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEVEN, ADAMS</b>		NAME		
STREET ADDRESS	<b>2600 BUCKINGHAM ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<del>REVELS, DAWN</del>		NAME	<b>BLAKE, CELESTE</b>	
STREET ADDRESS	<b>2600 BUCKINGHAM ROAD</b>		STREET ADDRESS	<b>2600 BUCKINGHAM RD.</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP	<b>FT. MYERS, FL. 33905</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BYRUS, DIANE</b>		NAME		
STREET ADDRESS	<b>2600 BUCKINGHAM ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REVELS, KENNETH</b>		NAME		
STREET ADDRESS	<b>2600 BUCKINGHAM ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
<b>SIGNATURE:</b> 			<b>4/4/05 (239) 694-4141</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		