## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 14, 2004 8:00 am Secretary of State DOCUMENT # N98000004472 1. Entity Name 05-14-2004 90012 045 \*\*\*\*61 25 RIVERVIEW HIGH SCHOOL ATHLETIC BOOSTER ASSOCIATION, INC. Principal Place of Business Mailing Address 11311 BOYETTE RD 11311 BOYETTE RD RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3524002 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Michael 1 NOTATON RAUSCH, JERRY Street Address (P.O. Box Number is Not Acceptable) 11707 S STONE LANE LA VONDA RIVERVIEW FL 33569 Zip Code City Riverview **33** ५ ६ ९ 8. The above named entity suggests 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 Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 .10. OFFICERS AND DIRECTORS 11. President michael A. Thornton 9817 da Vonda Greet TITLE TITLE ☐ Change Addition Pelete RAUSCH, JERRY NAME NAME 11707 S STŐNE LANE STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP Riversies, J & 32569 ☐ Chance TATLE Delete Vice President Addition THOMAS, STEVE Tami Bullock NAME NAME 16001 BOYETTE RD 4503 Hard Road Place STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP Valrico, 22 33 594 TITLE TILE ☐ Change ☐ Addition Delete ROBINSON, FRAN NAME NAME 4112 SPRING WAY CIRCLE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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 all other like empowered.

resident

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

813-248-5091