

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90016 028 ****61.25

DOCUMENT # N99000002476 1. Entity Name LAKE REGION THUNDER SOFTBALL BOOSTERS, INC.																																																																																																																																																					
Principal Place of Business 1995 THUNDER ROAD EAGLE LAKE, FL 33839				Mailing Address 35 MERRELL LEPAN 2568 KING AVENUE AUBURNDALE, FL 33823																																																																																																																																																	
2. Principal Place of Business		3. Mailing Address 1995 Thunder Rd. Suite, Apt. #, etc. Eagle Lake FL City & State 33839 Zip Country 33839 PK																																																																																																																																																			
Suite, Apt. #, etc.		City & State		4. FEI Number 59-3536293																																																																																																																																																	
City & State		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent ORTAGUS, RONNIE 511 MANDY STREET AUBURNDALE, FL 33823				7. Name and Address of New Registered Agent 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 <i>R. Ortagus</i> DATE <i>02-Feb-2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																																																					
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																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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>Joanne Summeralls Treasurer</i> 2/3/04 (863) 294-7541 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					