

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004464

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** RIVER RIDGE ATHLETIC BOOSTERS CLUB, INC.

**Current Principal Place of Business:**

11646 TOWN CENTER RD.  
NEW PORT RICHEY, FL

**New Principal Place of Business:**

11646 TOWN CENTER RD.  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

11646 TOWN CENTER RD.  
NEW PORT RICHEY, FL

**New Mailing Address:**

11646 TOWN CENTER RD.  
NEW PORT RICHEY, FL 34654

**FEI Number:** 59-3602903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOMKO, JACK J  
13302 WAGNER DR. RD.  
HUDSON, FL 34569 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: P ( ) Delete  
Name: NEWMAN, TIMOTHY  
Address: 8417 VEATLING LN  
City-St-Zip: NEW PORT RICHEY, FL 34613

Title: VD ( ) Delete  
Name: HOMKO, JACK J  
Address: 13302 WAGNER DR.  
City-St-Zip: HUDSON, FL 34569

Title: SD ( ) Delete  
Name: BECK, ERNEST F  
Address: 16124 FROST DR.  
City-St-Zip: HUDSON, FL 34667

Title: TD ( ) Delete  
Name: DEGANNRO, MICHAEL  
Address: 8808 WOODMILL DR  
City-St-Zip: HUDSON, FL 34667

**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:

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: ERNEST BECK

SD

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date