

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 024 ****61.25

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1. Entity Name

RIVER RIDGE ATHLETIC BOOSTERS CLUB, INC.

Principal Place of Business

11646 TOWN CENTER RD.
NEW PORT RICHEY FL 34654

Mailing Address

11646 TOWN CENTER RD.
NEW PORT RICHEY FL 34654



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

59-3602903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOMKO, JACK J
13302 WAGNER DR. RD.
HUDSON FL 34569

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
P
NEWMAN, TIMOTHY
8417 YEATLING LN
NEW PORT RICHEY FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HOMKO, JACK J
13302 WAGNER DR.
HUDSON FL 34569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BECK, ERNEST F
16124 FROST DR.
HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
DEGANNRO, MICHAEL
8808 WOODMILL DR
HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
8417 Yeatling LN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ernest F. Beck* Ernest F. Beck 4/28/06 757-774-7185