

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000000491

Entity Name: THE 9.0 BOOSTER CLUB, INC

Current Principal Place of Business:

4603-B SHIRLEY AVENUE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4603-B SHIRLEY AVENUE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 20-2189397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABICHE, KRISTIN
4603-B SHIRLEY AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

LABICHE, KRISTINA
4603-B SHIRLEY AVENUE
JACKSONVILLE, FL 32210 US

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: KRISTINA LABICHE

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABICHE, KRISTIN
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP () Delete
Name: CARLOW, CRYSTAL
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC () Delete
Name: SPELLER, AUDREY
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TR (X) Delete
Name: GRAY, KORA
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TR (X) Delete
Name: LLOYD, NATALIE
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ADV (X) Delete
Name: LEPORATI, CYNTHIA
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LABICHE, KRISTINA
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC (X) Change () Addition
Name: SEYMOUR, SANDY
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TR (X) Change () Addition
Name: MALENFANT, MICHELLE
Address: 4603-B SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

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 exemption stated in Chapter 119, 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: KRISTINA LABICHE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date