2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -3 PM 12: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001616

1. Entity Name
GARY BOULANGER FUND, INC.

Principal Place of Business	Mailing Address
17853 NW 20TH STREET PEMBROKE PINES, FL 33029	17853 NW 20TH STREET PEMBROKE PINES, FL 33029

09222006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
19383 SW 68TH STREET		19383 SW 68TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PEMBROKE PINES FLORIDA		City & State: PEMBROKE PINES FLORIDA	
Zip: 33332	Country: U.S.A.	Zip: 33332	Country: U.S.A.

4. FEI Number: 65-1243002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

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

Amended AR is $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: S NAME: SHOBER, KAREN STREET ADDRESS: 17853 NW 20TH ST CITY-ST-ZIP: PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 500080385365 10/03/06--01015--018 **70.00
TITLE: VP NAME: SHOBER, BUTCH STREET ADDRESS: 17853 NW 20TH ST CITY-ST-ZIP: PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Butch Shober W. Butch Shober V.P. 9-26-06 305-232-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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