

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005262

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GULF COAST WRESTLING BOOSTER, INC

**Current Principal Place of Business:**

4280 33RD AVE NE  
NAPLES, FL 34120

**New Principal Place of Business:**

198 PEBBLE SHORES DR #201  
NAPLES, FL 34110

**Current Mailing Address:**

4280 33RD AVE NE  
NAPLES, FL 34120

**New Mailing Address:**

198 PEBBLE SHORES DR #201  
NAPLES, FL 34110

FEI Number: 26-0242862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, LUANN M  
4280 33RD AVE NE  
NAPLES, FL 34120 US

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

THOMAS, LUANN M  
198 PEBBLE SHORES DR #201  
NAPLES, FL 34110 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: LUANN M THOMAS

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PARKER, CHRIS  
Address: 8747 COASTLINE CT #102  
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Delete  
Name: JARAMILLO, FRANK  
Address: 185 MANOR BLVD #901  
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete  
Name: MILLER, SHELIA  
Address: 5090 CORAL WOOD DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete  
Name: THOMAS, LUANN M  
Address: 4280 33RD AVE NE  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: MILLER, SHELIA  
Address: 5090 CORAL WOOD DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: T (X) Change ( ) Addition  
Name: THOMAS, LUANN M  
Address: 198 PEBBLE SHORES DR #201  
City-St-Zip: NAPLES, FL 34110

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: LUANN M THOMAS

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date