2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N94000001728

Entity Name: SPECIAL ATHLETE BOOSTERS, INC.

Current Principal Place of Business:

910 GULF COAST BLVD.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

PO BOX 2112
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0488256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATTERSON, JOHN
46 N WASHINGTON BLVD #1
SARASOTA, FL 34236 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:	VP	( ) Delete
Name:	WIERSMA, VERN	
Address:	541 WESTMOUNT LN	
City-St-Zip:	VENICE, FL 34293	
Title:	VP	( ) Delete
Name:	HOKAMP, SUE	
Address:	2943 DICK WILSON DRIVE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	P	( ) Delete
Name:	O'CONNELL, RAY	
Address:	3081 QUAIL HOLLOW	
City-St-Zip:	SARASOTA, FL 34235	
Title:	ED	( ) Delete
Name:	RIGGALL, MAGGIE	
Address:	P O BOX 2112	
City-St-Zip:	VENICE, FL 34284	
Title:	T	( ) Delete
Name:	ARNHART, STEVE	
Address:	1989 TOM MORRIS DR	
City-St-Zip:	SARASOTA, FL 34240	

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:	
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: MAGGIE RIGGALL ED 03/27/2009

Electronic Signature of Signing Officer or Director — Date