

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000166

FILED
Apr 23, 2007
Secretary of State

Entity Name: LADY COUGARS BOOSTERS, INC.

Current Principal Place of Business:

3000 STATE RD. 580
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3000 STATE RD. 580
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3403918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIVALI, JONI
18 TERN COVE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

HUFFMAN, JEANNINE
2818 ST. JOHN DRIVE
CLEARWATER, FL 33759 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: JEANNINE HUFFMAN

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KARI, STRIANO MS
Address: 3439 HYDE PARK DR
City-St-Zip: CLEARWATER, FL 33761

Title: T () Delete
Name: STIVALI, JONI
Address: 18 TERN COVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P () Delete
Name: NIMMO, NANCY MS
Address: 3600 ENTERPRISE RD E
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUFFMAN, JEANNINE MS
Address: 2818 ST. JOHN DR
City-St-Zip: CLEARWATER, FL 33759

Title: VP (X) Change () Addition
Name: LINKFIELD, DONNA MRS
Address: 1885 COUNTY ROAD 193
City-St-Zip: CLEARWATER, FL 33759

Title: T (X) Change () Addition
Name: NARUM, BROOKE MRS
Address: 2556 SWEETGUM WAY W
City-St-Zip: CLEARWATER, FL 33761

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: JEANNINE HUFFMAN

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date