

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005839

FILED
Apr 28, 2015
Secretary of State
CC1410141310

Entity Name: BOBCAT CHEERLEADING BOOSTER CLUB, INC.

Current Principal Place of Business:

5601 CARRIAGE LANE
DAVIE, FL 33331

Current Mailing Address:

5601 CARRIAGE LANE
DAVIE, FL 33331 US

FEI Number: 27-0367616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPNIEWSKI, DONNA
5601 CARRIAGE LANE
DAVIE, FL 33331 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: DONNA STEPNIEWSKI

04/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/P
Name KUHNS, TAMMY
Address 1371 SW 181 AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title D/T
Name STEPNIEWSKI, DONNA
Address 5601 CARRIAGE LANE
City-State-Zip: DAVIE FL 33331

Title D/VP, 1
Name TOOMBS, JACKIE
Address 20510 NW 5TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title SEC
Name BARTLETT, MARIA
Address 20250 NW 5TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title WEB
Name COX, SHERRY
Address 6651 FALCONSGATE AVENUE
City-State-Zip: DAVIE FL 33331

Title VP 2
Name GONZALEZ, EVELYN
Address 2312 NW 192 AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title SGT. OF ARMS
Name PRISTAS, DENISE
Address 20441 NW 4 ST
City-State-Zip: PEMBROKE PINES FL 33029

Title ASST. TREASURER
Name BUTLER, BARI
Address 19190 NW 23RD PLACE
City-State-Zip: PEMBROKE PINES FL 33029

I hereby 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 all other like empowered.

SIGNATURE: DONNA STEPNIEWSKI

TREASURER

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date