

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005839

Entity Name: BOBCAT CHEERLEADING BOOSTER CLUB, INC.**Current Principal Place of Business:**6651 FALCONSGATE AVE
DAVIE, FL 33331**Current Mailing Address:**6651 FALCONSGATE AVE
DAVIE, FL 33331 US**FEI Number: 27-0367616****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COX, SHERRY
6651 FALCONSGATE AVE
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:** SHERRY COX

04/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D/T
Name COX, SHERRY
Address 6651 FALCONSGATE AVE
City-State-Zip: DAVIE FL 33331

Title D/VP, 1
Name BUTLER, BARI
Address 19190 NW 23 PLACE
City-State-Zip: PEMBROKE PINES FL 33029

Title SEC
Name MAIER, BEVERLY
Address 19430 NW 6 STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title VP 2
Name CARBONE, KELLIE
Address 18498 NW 21 STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title SGT. OF ARMS
Name SOSKIN, BETH
Address 1976 NW 170 AVE.
City-State-Zip: PEMBROKE PINES FL 33029

Title ASST. TREASURER
Name GERWIN-BILYCK, VALERIE
Address 18555 NW 18 STREET
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: SHERRY COX**TREASURER**

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date