

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002697

Entity Name: LWHS IB BOOSTERS INC**Current Principal Place of Business:**10351 SE MARICAMP RD
OCALA, FL 34472**Current Mailing Address:**10351 SE MARICAMP RD
OCALA, FL 34472**FEI Number:** 45-4699019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JULIUS EDWARDS, FRANCINE
9825 SE 140TH STREET
SUMMERFIELD, FL 34491 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	JULIUS EDWARDS, FRANCINE
Address	9825 SE 140TH STREET
City-State-Zip:	SUMMERFIELD FL 34491

Title	TREASURER, DIRECTOR
Name	DAVIS, NANCY
Address	9119 SE 183RD AVE
City-State-Zip:	OCKLAWAHA FL 32179

Title	DIRECTOR
Name	FOARD-GEORGE, MICHELLE
Address	825 BAHIA CIR
City-State-Zip:	OCALA FL 34472-2694

Title	DIRECTOR
Name	UNGSON, LOURDES
Address	40816 FLETCHER RD
City-State-Zip:	UMATILLA FL 32784-7504

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: NANCY DAVIS**TREASURER****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date