

2015 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:**FERGUSON, SUSAN
10351 SE MARICAMP RD
OCALA, FL 34472 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:** SUSAN FERGUSON

04/21/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FARRELL, PATRICIA
Address 10351 SE MARICAMP RD
City-State-Zip: Ocala FL 34472

Title TREASURER
Name ARBEITER, DEBRA
Address 10351 SE MARICAMP RD
City-State-Zip: Ocala FL 34472

Title VP
Name EDWARDS, FRANCINE JULIUS
Address 10351 SE MARICAMP RD
City-State-Zip: Ocala FL 34472

Title DIRECTOR
Name UNGSON, LOURDES
Address 10351 SE MARICAMP RD
City-State-Zip: Ocala FL 34472

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: PATRICIA W FARRELL

PRESIDENT

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date