

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002708

**Entity Name:** WGV ATHLETICS BOOSTER CLUB INC

**Current Principal Place of Business:**

314 COMMERCE LAKE DRIVE  
SUITE 204  
SAINT AUGUSTINE, FL 32095

**Current Mailing Address:**

314 COMMERCE LAKE DRIVE  
SUITE 204  
SAINT AUGUSTINE, FL 32095

**FEI Number:** 46-1119449

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SMITH, CANDACE  
2513 OTTER TOTEM CT  
ST AUGUSTINE, FL 32092 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  
Name            VILLARREAL, TAMMY  
Address        1830 W COBBLESTONE LANE  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            TREASURER  
Name            BATTEN, TRACEY  
Address        294 CASA SEVILLA AVE  
City-State-Zip: ST AUGUSTINE FL 32092

Title            VP, SECRETARY  
Name            SPENCER, RACHELLE  
Address        5313 4TH ST  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            OFFICER  
Name            LUCE, TERESA  
Address        805 EAGLE POINT DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

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:** TRACEY BATTEN

**TREASURER**

**01/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date