

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003436

**Entity Name:** SAHS CHEER BOOSTERS INC.

**Current Principal Place of Business:**

1409 SAN RAFAEL CT  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

1409 SAN RAFAEL CT  
SAINT AUGUSTINE, FL 32080 US

**FEI Number:** 86-2883852

**Certificate of Status Desired:** No

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

WALLACE, SANDRA S  
1409 SAN RAFAEL CT  
SAINT AUGUSTINE, FL 32080 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 P  
Name BARLOW, ALLISON  
Address 426 MARSH POINT CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title T  
Name RYAN, ALLISON  
Address 6385 COUNTY ROAD 13 S  
City-State-Zip: HASTINGS FL 32145

Title VP  
Name ROBERTS, AMY  
Address 274 N TWIN MAPLE RD  
City-State-Zip: ST AUGUSTINE FL 32084

Title S  
Name THOMPSON, CAM  
Address 46 SEA PARK DR  
City-State-Zip: ST AUGUSTINE FL 32080

*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:** CAM THOMPSON

**SECRETARY**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date