2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2008
Secretary of State

DOCUMENT# 722591

Entity Name: BAUDER BOOSTERS, INC.

Current Principal Place of Business:

12755 86TH AVENUE NORTH
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

12755 86TH AVENUE NORTH
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: 59-2719577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSTON, JAN
12755 86TH AVENUE NORTH
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HIRSCHFIELD, LIZ	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	V	( ) Delete
Name:	JOHNSTON, JAN	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	PP	( ) Delete
Name:	KAHL, NANCY	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	PE	( ) Delete
Name:	ZANGA, LAURA	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	T	(X) Delete
Name:	CHAPPEL, CATHY	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	S	(X) Delete
Name:	SLAUGHTER, CHAR	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	TRASK, GAIL	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	T	(X) Change ( ) Addition
Name:	WILLIAMS, JENNIFER	
Address:	12755 86TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER WILLIAMS T 07/27/2008

Electronic Signature of Signing Officer or Director — Date