


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90091 032 ****61.25

DOCUMENT # 737143 1. Entity Name ST. CLOUD BULLDOG BOOSTER CLUB, INC.					
Principal Place of Business 2000 BULLDOG LN PO BOX 700452 ST CLOUD, FL 34769-5268			Mailing Address PO BOX 700452 ST. CLOUD, FL 34770 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0386047	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TATTOLI, MICHAEL 5750 E IRLO BRONSON MEMORIAL HWY SAINT CLOUD, FL 34771				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSELL, LINDA		NAME		
STREET ADDRESS	1032 TONY CIR		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TATTOLI, MICHAEL		NAME		
STREET ADDRESS	5750 E IRLO BRONSON MEMORIAL HWY		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHERRY, OSBORNE		NAME	Donna Cooley	
STREET ADDRESS	2000 BULLDOG LANE		STREET ADDRESS	1034 Tony Circle	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TODD, CONNIE		NAME		
STREET ADDRESS	1187 ANNE ELISA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, KRISTIE		NAME		
STREET ADDRESS	1676 CYPRESS WOODS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Michael Tattoli

4-10-07