

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90244 045 ****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

Zip

Country

Zip

Country

04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0386047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TATTOLI, MICHAEL
5750 E IRLO BRONSON MEMORIAL HWY
SAINT CLOUD, FL 34771**

7. Name and Address of New Registered Agent

Name
Steven White

Street Address (P.O. Box Number is Not Acceptable)

1676 Cypress Woods Circle

City
St. Cloud

FL

Zip Code
34772

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

STEVEN WHITE President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

5/29/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HANSELL, LINDA
1032 TONY CIR
SAINT CLOUD, FL 34772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TATTOLI, MICHAEL
5750 E IRLO BRONSON MEMORIAL HWY
SAINT CLOUD, FL 34771** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COOLEY, DONNA
1034 TONY CIRCLE
SAINT CLOUD, FL 34772** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TODD, CONNIE
1187 ANNE ELISA CIRCLE
ST. CLOUD, FL 34772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WHITE, KRISTIE
1676 CYPRESS WOODS CIRCLE
SAINT CLOUD, FL 34772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Laura Ritter
3217 Sawgrass Creek Circle
St. Cloud, FL 34772** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Steven White
1676 Cypress Woods Circle, St. Cloud, FL 34772** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Kim Glasscock
3107 Garden Court
St. Cloud, FL 34769** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
White, Kristi
1676 Cypress Woods Circle
St. Cloud, FL 34772** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/08 401-902-4896
Date Daytime Phone #