2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #737143

1. Entity Name ST. CLOUD BULLDOG BOOSTER CLUB, INC.



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

05-05-2008 90244 045 ****61.25

			1000	1111						
2000 BULLD PO BOX 700		Mailing Address PO BOX 700452 ST. CLOUD, FL 34770	US							
2. Principal Place of Business - No P.O. Box # 3. (3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302008	Chg-NP	CR2E	037 (12/06)		
City & State		City & State		·	4. FEI Number 59-0386			⊢	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	d 🗆	\$8.75 Add		
•	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of Nev	v Registered	l Agent		
	MICHAEL LO BRONSON MEMORIAL HW OUD, FL 34771	/Y			White P.O. Box Number	is Not Accepta	ıble)			
3			City St. (
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office of	r register	ed agent, or both	, in the State of	Florida. I an	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	President (NOTI	Augustered Agent signs	dure required	when reinstating)	·	DATE	29/08	-	
	1									
	Filing Fee is \$61.25 Due by May 1, 2008	Trust Fund 0			\$5.00 May Be Added to Fees	FI	lorida Depa	ck payable t artment of S	tate	
10.	Due by May 1, 2008 1-OFFICERS AND DIR	Trust Fund C	Contribution.			FI	lorida Depa	PIRECTORS IN	tate	
10.	Due by May 1, 2008 **OFFICERS AND DIR	Trust Fund 0	11.	S	Added to Fees ADDITIONS/CHAI	FI	lorida Depa	ertment of S	tate	
10.	Due by May 1, 2008 1-OFFICERS AND DIR	Trust Fund C	Contribution.	S Laur	Added to Fees ADDITIONS/CHAP a Ritter	FI NGES TO OFFIC	lorida Depa CERS AND C	PIRECTORS IN	tate	
10. TITLE NAME	Due by May 1, 2008	Trust Fund C	11. TITLE NAME	S Laur 3217	Added to Fees ADDITIONS/CHAP a Ritter Sawgrass	NGES TO OFFIC	lorida Depa CERS AND C	PIRECTORS IN	tate	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S HANSELL, LINDA 1032 TONY CIR SAINT CLOUD, FL 34772 P TATTOLI, MICHAEL	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S Laur 3217 St.	Added to Fees ADDITIONS/CHAR a Ritter Sawgrass Cloud, FL	NGES TO OFFIC	lorida Depa CERS AND C	DIRECTORS (N	tate N 10 Addition	
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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 eddress, with all other like impowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR