## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 745568**

FILED Mar 05, 2009 Secretary of State

Entity Name: RATTLER BOOSTERS INC.

**Current Principal Place of Business: New Principal Place of Business:** 1338 S. BRONOUGH STREET TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** P. O. BOX 5865 TALLAHASSEE, FL 32314 FEI Number: 59-1922370 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLAYTON, MICHAEL 8117 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRYANT, ELAINE Name: Name: 1882 CAPITAL CIRCLE NE, #105 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DUPONT, STERLING Name: Address: 2040 SOLOMON DAIRY Address: City-St-Zip: QUINCY, FL 32352 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SMITH, ERNEST Name: SMITH, ERNEST Name: 1327 COLORODA ST Address: Address: 1327 COLORODO ST City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32304 Title: () Delete Title: () Change () Addition Name: RUDY, MAXWELL Name: 1611 EDLESHEARAN RD Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition PLA, ARTHUR Name: Name: 9141 SEAFARE LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SPENCER, WALTER Name: Name: Address: 3213 OLSON RD Address: TALLAHASSEE, FL 32309 City-St-Zip: 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: AMIE BOUNDS BUS. 03/05/2009