
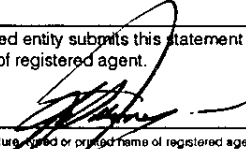
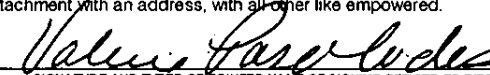


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90021 030 ****61.25

DOCUMENT # N00000004753					
1. Entity Name THE BARRON G. COLLIER HIGH SCHOOL ALL SPORTS BOOSTERS, INC.					
Principal Place of Business 5600 COUGAR DRIVE NAPLES, FL 34109			Mailing Address 5600 COUGAR DRIVE NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, RONALD 5600 COUGAR DRIVE NAPLES, FL 34105			7. Name and Address of New Registered Agent Name: JASON MITTER WAGER Street Address (P.O. Box Number is Not Acceptable): 5600 COUGAR DR City: NAPLES FL Zip Code: 34105		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 2/7/08					
Filing Fee is \$61.25 Due by May 1, 2008		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 P	NAME BUCHHOLZ, DENISE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10480 REGENT CIRCLE	NAPLES, FL 34109		NAME	Change Addition	
CITY - ST - ZIP NAPLES, FL 34109			STREET ADDRESS	Change Addition	
TITLE S	NAME CAPUTO, LORI	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 167 OAKWOOD CT	NAPLES, FL 34110		NAME	Change Addition	
CITY - ST - ZIP NAPLES, FL 34110			STREET ADDRESS	Change Addition	
TITLE VP	NAME BUCHOLTZ, JOHN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7728 CITRUS HILLS LN	NAPLES, FL 34109		NAME	Change Addition	
CITY - ST - ZIP NAPLES, FL 34109			STREET ADDRESS	Change Addition	
TITLE T	NAME PASLOADOS, VAL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9633 CAMPBELL CIR	NAPLES, FL 34109		NAME	Change Addition	
CITY - ST - ZIP NAPLES, FL 34109			STREET ADDRESS	Change Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Change Addition	
STREET ADDRESS			STREET ADDRESS	Change Addition	
CITY - ST - ZIP			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: 			DATE: 2/7/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					