

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005681

FILED
Apr 21, 2009
Secretary of State

Entity Name: FALCON REGIMENT BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

600 ST R 206 W
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

600 SR 206 WEST
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3618614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALENDOWICZ, BRUCE
600 SR 206 WEST
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

WILLIAMS, MICHAEL
600 SR 206 WEST
ST. AUGUSTINE, FL 32086 US

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: MICHAEL WILLIAMS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KALENDOWICZ, BRUCE
Address: 101-A FISH CREEK TRAIL
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: COATES, LESLIE
Address: 4835 IRVING ST
City-St-Zip: HASTINGS, FL 32145

Title: 2VP () Delete
Name: BODER, MARY BETH
Address: 471 SAN BRUNO ST
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T () Delete
Name: FOX, GERRI
Address: PO BOX 860144
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S () Delete
Name: METCALF, SUSAN
Address: 6875 CR 214
City-St-Zip: ST AUGUSTINE, FL 32092

Title: PAR () Delete
Name: BEAM, CYNTHIA
Address: 9945 CROTTY AVE
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, MICHAEL
Address: 856 ALHAMBRA AVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: MERCURIO, DOMINIC
Address: 2109 MARSH HEN CT
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STE MARIE, NANCY
Address: 432 SEVILLA DR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: PAR (X) Change () Addition
Name: KIDDER, ANNETTE
Address: 956 SAN REMO RD
City-St-Zip: ST AUGUSTINE, FL 32086

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: GERRI FOX

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date