

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000006147**

1. Entity Name

**WILDCAT BOOSTER CLUB OF ESTERO, INC.**



Principal Place of Business

**21900 RIVER RANCH RD  
ESTERO FL 33928**

Mailing Address

**P O BOX 1116  
ESTERO FL 33928**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

**65-1030689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**2 FIVICH, BELINDA  
24311 CLAIRE ST  
BONITA SPRINGS FL 34135**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 ☐ Delete  
NAME **FIVICH, BELINDA A**  
STREET ADDRESS **24311 CLAIRE ST**  
CITY- ST- ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete  
NAME **VP PRUITT, ANGELA J**  
STREET ADDRESS **4781 ESTEGO COURT**  
CITY- ST- ZIP **ESTERO FL 33928**

TITLE ☐ Delete  
NAME **T NEUVILLE, BARBARA**  
STREET ADDRESS **4121 LORENE DR #306**  
CITY- ST- ZIP **ESTERO FL 33928**

TITLE ☐ Delete  
NAME **S WALSH, INGRED**  
STREET ADDRESS **3831 SPRINGSIDE DR**  
CITY- ST- ZIP **ESTERO FL 33928**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP **U000000848438  
03/20/08-80018-003 61.25**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Barbara Neuville*

*2/18/08*