## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000007405

Entity Name: ENCHANTERS BOOSTER CLUB, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15255 SW 96 STREET MIAMI, FL 33196

Current Mailing Address: New Mailing Address:

15255 SW 96 STREET MIAMI, FL 33196

FEI Number: 65-1059085 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:

LEE, BARBARA JENKINS, PATRICE
10420 SW 143 AVE 15937 SW 103 LANE
MIAMI, FL 33186 US MIAMI, FL 33196 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: PATRICE JENKINS 04/22/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CP ( ) Delete
 Title:
 P (X) Change ( ) Addition

 Name:
 LEE, BARBARA
 Name:
 CAMPILLO, CAROLINA

 Address:
 10420 SW 143 AVE
 Address:
 14721 SW 173 STREET

Address: 10420 SW 143 AVE Address: 14/21 SW 1/3 STREET City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33187

Title: CP Title: (X) Change ( ) Addition () Delete RUIZ, SHELLY Name: JENKINS, PATRICE Name: Address: 8247 SW 147 CT Address: 15937 SW 103 LANE City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33196

Title: S () Delete Title: S (X) Change () Addition
Name: RODRIGUEZ, DANIA Name: VILLAMIZAR, LILIAN

 Name
 RODRIGOEZ, DANIA
 Name
 VIELAMIZAR, EIEIAN

 Address:
 14542 SW 106 TERRACE
 Address:
 15621 SW 100 TERRACE

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33196

 Name:
 TSENG, JENNIFER
 Name:
 MENESES, PATRICIA

 Address:
 15358 SW 113 TERR
 Address:
 14776 SW 101 TERRACE

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:
 MIAMI, FL 33196

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: CAROLINA CAMPILLO P 04/22/2008