



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90104 012 \*\*\*\*70.00

<b>DOCUMENT # N01000002485</b> 1. Entity Name <b>FALCONS CHEERLEADING BOOSTER CLUB, INC.</b>					
Principal Place of Business <b>1515 SW 191 LN PEMBROKE PINES, FL 33029</b>			Mailing Address <b>1515 SW 191 LN PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		  01102008    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-1096757</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALOY, RACHEL 1515 SW 191 LN PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent Name <b>Terri Allbee</b> Street Address (P.O. Box Number is Not Acceptable) <b>16311 NW 19th St.</b> <del>Pembroke Pines</del> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33028</b>		
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 <u><i>Terri J. Allbee</i></u> <i>president</i> <u>1/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALOY, RACHEL</b> <b>12800 TATT STREET</b> <b>PEMBROKE PINES, FL 33028</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Terri Allbee</b> <b>16311 NW 19th St.</b> <b>Pembroke Pines, FL 33028</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WARNOCK, PAIGE</b> <b>1366 NW 123 AVE.</b> <b>PEMBROKE PINES, FL 33026</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Michelle Comora</b> <b>1104 NW 137th Ave.</b> <b>Pembroke Pines, FL 33028</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCIARRETTI, LINDA</b> <b>1060 WINDWORD DR.</b> <b>PEMBROKE PINES, FL 33026</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Eva Michaels</b> <b>13771 NW 19th St</b> <b>Pembroke Pines, FL 33028</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Beverly Baril - Hartley</b> <b>9561 SW 8th St.</b> <b>Pembroke Pines, FL 33025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Anita Shrove</b> <b>9401 NW 18th St</b> <b>Pembroke Pines, FL 33024</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>Terri J. Allbee</i></u> <b>Terri J. Allbee</b> <u>1/10/08</u> <u>(954) 450-1922</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					