

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002485

FILED
Apr 15, 2009
Secretary of State

Entity Name: FALCONS CHEERLEADING BOOSTER CLUB, INC.

Current Principal Place of Business:

1515 SW 191 LN
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1515 SW 191 LN
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1096757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLBEE, TERRI
16311 NW 19TH ST
HOLLYWOOD, FL 33028 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLBEE, TERRI
Address: 16311 NW 19TH ST
City-St-Zip: HOLLYWOOD, FL 33028

Title: VD () Delete
Name: COMORA, MICHELLE
Address: 1104 NW 139TH AVE
City-St-Zip: HOLLYWOOD, FL 33028

Title: TD () Delete
Name: MICHAELS, EVA
Address: 13771 NW 19TH ST
City-St-Zip: HOLLYWOOD, FL 33028

Title: SD () Delete
Name: BARIL-HARTLEY, BERRY
Address: 9561 SW 8TH ST
City-St-Zip: HOLLYWOOD, FL 33025

Title: D () Delete
Name: SHROVE, ANITA
Address: 9401 NW 18TH ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KENNEDY, TERESA
Address: 1678 NW 144 WAY
City-St-Zip: HOLLYWOOD, FL 33028

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

Title: SD (X) Change () Addition
Name: RODRIGUEZ, BARBARA
Address: 1800 NW 114TH AVE
City-St-Zip: HOLLYWOOD, FL 33026

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

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: PRESIDENT/TERRI ALLBEE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date