

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003537

FILED
Jun 10, 2009
Secretary of State

Entity Name: MARINER ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business:

701 CHIQUITA BLVD
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

701 CHIQUITA BLVD
CAPE CORAL, FL 33993

New Mailing Address:

FEI Number: 65-1107723 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

O'CONNOR, TARA
701 CHIQUITA BLVD
CAPE CORAL, FL 33993 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACTON, RALPH
Address: 139 SE 6TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: MOORE, MARK
Address: POST OFFICE BOX 394
City-St-Zip: FT. MYERS, FL 33902

Title: S () Delete
Name: PROIA, CINDY
Address: 209 SE 10TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: O'CONNOR, TARA
Address: 4618 SW 6TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TARA O'CONNOR

T

06/10/2009

Electronic Signature of Signing Officer or Director

Date