2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State
03-20-2003 90151 030 ****61.25

DOCUMENT # N01000003754

1. Entity Name
WAKULLA SPIRIT BOOSTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3237 COASTAL HWY CRAWFORDVILLE FL 32327	O.O. BOX 1346 CRAWFORDVILLE FL 32326

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.: 3237 Coastal Hwy	Suite, Apt. #, etc.: P.O. Box 1346
City & State: Crawfordville, FL	City & State: Crawfordville, FL
Zip: 32327 Country: U.S.	Zip: 32327 Country: U.S.

4. FEI Number NOT APPLICABLE ☐ 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
MARTINEZ, CAROL 3237 COASTAL HWY CRAWFORDVILLE FL 32327	Name: James Porter Street Address (P.O. Box Number is Not Acceptable): 423 Edgar Poole Rd. City: Crawfordville FL Zip Code: 32327

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: James Porter James Porter 3/17/03
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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, CAROL 9 EAGLES RIDGE DRIVE CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D James Porter 423 Edgar Poole Rd. Crawfordville Fl. 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GAYNOR, KATHY 8 SHARMAN CIRCLE CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D MARY THOMAS 28 FIESTA DRIVE ALLIGATOR POINT, FL 32346	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MANNING, GENEVA 51 HONEYSUCKLE LANE CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Donna J Davis 185 Provo Place Crawfordville FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NAZWORTH, DEBBIE 40 DAMON CIRCLE CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Kai Page 4023 Bloxham Cutoff Crawfordville, FL 32327	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 03-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #