## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01368

FILED Apr 29, 2009 Secretary of State

Entity Name: SEMINOLE BOOSTERS OF LEE COUNTY, INC.

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
P O BOX 1 CAPE COI	150130 RAL, FL 33915	j		1715 MONROE ST FORT MYERS, FL 33901			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
P O BOX 150130 CAPE CORAL, FL 33915				P O BOX 280 FORT MYERS, FL 33901 02			
FEI Number:	: 65-0032753	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) C	ertificate of Status Desi	red ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Nev	w Registered Agent	:	
1715 MON FT. MYER The above	AN, ROBERT IROE STREET S, FL 33901 named entity se of Florida.	US submits this statement for the pu	irpose of changing i	ts registered offic	ce or registered agen	t, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ager	nt		Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO	O OFFICERS AND D	IRECTORS	
Title: Name: Address: City-St-Zip:	D () BENNET, BRIAN 2817 SW 33ND CAPE CORAL,	TERRACE	Title: Name: Address: City-St-Zip:	( ) Cł	nange ( ) Addition		
Title: Name: Address: City-St-Zip:	P () SHEARMAN, RO 1715 MONROE FT MYERS, FL	ST	Title: Name: Address: City-St-Zip:	( ) Cr	nange ( ) Addition		
Title: Name: Address: City-St-Zip:	SCHULTZ, BRU	CREEK DRIVE	Title: Name: Address: City-St-Zip:	( ) Cł	nange ( ) Addition		
Fitle: Name: Address: City-St-Zip:	T () BROOKS, ROB PO BOX 15013 CAPE CORAL,	0 N/A	Title: Name: Address: City-St-Zip:	T (X) CI SHIRK, MACHELL 3379 DANDOLO C CAPE CORAL, FL	IRCLE		
Title: Name: Address: City-St-Zip:	D () SELL, BARRY 3350 N. KEY DI N. FT. MYERS,	•	Title: Name: Address: City-St-Zip:	S (X) CI LAMARCHE, GAIL 1715 MONROE ST FORT MYERS, FL	Γ		
Title: Name: Address: City-St-Zip:	D () VOTAW, B 1240 WALES D FORT MYERS,		Title: Name: Address: City-St-Zip:	D (X) CI VOTAW, BOB 1240 WALES DRI FORT MYERS, FL			

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: MACHELLE SHIRK T 04/29/2009