

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000902

FILED  
Mar 14, 2007  
Secretary of State

**Entity Name:** LAKE CITY FALCON SOCCER BOOSTERS, INC.

**Current Principal Place of Business:**

847 S.W. ARLINGTON BLVD.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

1027 NW FRONTIER DRIVE  
LAKE CITY, FL 32055

**New Mailing Address:**

366 SW SLASH LANE  
LAKE CITY, FL 32024

**FEI Number:** 80-0010630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINSON, LEE  
1027 NW FRONTIER DRIVE  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

STRICKLAND, CHERI  
217 SW LONG LEAF DR.  
LAKE CITY, FL 32024 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: CHERI STRICKLAND

03/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MINSON, LEE  
Address: 1027 NW FRONTIER DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: V (X) Delete  
Name: WIDERGREN, SHEILA  
Address: 768 NW CLUB VIEW DR  
City-St-Zip: LAKE CITY, FL 32025

Title: S (X) Delete  
Name: KRANTZ, JILL  
Address: 373 SW HARMONY LANE  
City-St-Zip: LAKE CITY, FL 32025

Title: T (X) Delete  
Name: STRICKLAND, CHERI  
Address: 217 SW LONGLEAF DR  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: STRICKLAND, CHERI  
Address: 217 SW LONG LEAF DR.  
City-St-Zip: LAKE CITY, FL 32024

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 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: CHERI STRICKLAND

T

03/14/2007

Electronic Signature of Signing Officer or Director

Date