2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004109

FILED Mar 23, 2009 Secretary of State

Entity Name: TOP GUN ALL-STAR CHEERLEADING BOOSTER CLUB, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
1989 TRADE CENTER WAY			1401 RAILI	1401 RAILHEAD BLVD.	
A NAPLES, FL 34109			NAPLES, F	1 NAPLES, FL 34110	
Current Mailing Address:			New Maili	New Mailing Address:	
236 BACK NAPLES, F	WATER CC FL 34119	DURT			
FEI Number:	: 04-3610527	FEI Number Applied For ()	El Number Not Appl	licable () Certificate of Status Desired (X)	
Name and	l Address o	f Current Registered Agent:	Name and	Address of New Registered Agent:	
	I, LESLIE A WATER CT FL 34119	US			
	named enti	ty submits this statement for the purp	ose of changing i	ts registered office or registered agent, or both	
	e of Florida.				
	RE:				
n the State	RE:	ronic Signature of Registered Agent		Date	
n the State	RE:		ADDITION	Date IS/CHANGES TO OFFICERS AND DIRECTO	
n the State	RE:Elect	ECTORS: () Delete LESLIE /ATER CT.	ADDITION Title: Name: Address: City-St-Zip:		
n the State SIGNATUF OFFICERS Fitle: Name: Address:	Elect S AND DIRI D LEHMANN, 236 BACKW NAPLES, FL D BENCOMO,	ECTORS: () Delete LESLIE VATER CT 34119 () Delete JOHN ERO GARDENS CIRCLE	Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTO	
n the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Elect S AND DIRI D LEHMANN, 1 236 BACKW NAPLES, FL D BENCOMO, 20261 ESTE	ECTORS: () Delete LESLIE VATER CT 34119 () Delete JOHN ERO GARDENS CIRCLE	Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition	

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: LESLIE A. LEHMANN D 03/23/2009