

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006112

FILED
Jan 08, 2007
Secretary of State

Entity Name: AMERICAN CHEER & DANCE BOOSTERS, INC.

Current Principal Place of Business:

10743 WAVERLY BLUFF WAY
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

10743 WAVERLY BLUFF WAY
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 52-2375907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOKO HEAD, P.A.
9309 OLD KINGS ROAD S
SUITE 4
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: D () Delete
Name: TALPALAR, WENDY
Address: 10743 WAVERLY BLUFF WA
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: FUNG, CECILE
Address: 12470 HOOD LANDING ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: BOWALD, ANNETTE
Address: 7620 SAW TIMBER LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: SINGLETON, KELLIE
Address: 3885-C S, FRANCIS ROAD
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: D () Delete
Name: BAUM, MICHELLE
Address: 2049 ALPHA CT
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: NEWMANS, STEPHEN L
Address: 5570 RIBBON ROSE COURT
City-St-Zip: JACKSONVILLE, FL 32258

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
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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: CECILE H. FUNG

D

01/08/2007

Electronic Signature of Signing Officer or Director

Date