

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 015 ****61.25

DOCUMENT # N02389 1. Entity Name LADY GATOR GOLF BOOSTERS, INC.					
Principal Place of Business C/O PHYLLIS H WELLS 6305 SW 37TH WAY GAINESVILLE, FL 32608			Mailing Address C/O PHYLLIS H WELLS 6305 SW 37TH WAY GAINESVILLE, FL 32608		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2365993				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, PHYLLIS H. 6305 SW 37TH WAY GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CPD OBSERMEYER, WENDY 7747 SW 11TH AVE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD VACC, NANCY 10612 SW 51ST PLANE GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IVES, ANN P 5723 SW 38TH WAY GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALL, NANCY 10612 SW 51ST LANE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOOD, ROBERT 588 TURKEY CREEK A-ACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARROW, DYKE 3817 SW 92ND TER GAINESVILLE, FL 326085137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, LAURA 4609 NW 30TH DRIVE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, INGRID 7447 SW 34TH DRIVE GAINESVILLE, FL 37608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, HELEN 7831 SW 92ND LANE GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLS, LAURA 4809 NW 30TH DRIVE GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELOHME, LAMBERT PO BOX 14150 GAINESVILLE, FL 32614	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
1-7-2008 352-336-5582 <small>Date Daytime Phone #</small>					