

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02389

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** LADY GATOR GOLF BOOSTERS, INC.

**Current Principal Place of Business:**

C/O PHYLLIS H WELLS  
6305 SW 37TH WAY  
GAINESVILLE, FL 326085104

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PHYLLIS H WELLS  
6305 SW 37TH WAY  
GAINESVILLE, FL 326085104

**New Mailing Address:**

**FEI Number:** 59-2365993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLS, PHYLLIS H  
6305 SW 37TH WAY  
GAINESVILLE, FL 326085104 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:** PD  
**Name:** POWERS-TIMMONS, APRIL  
**Address:** 6510 SW 35TH WAY  
**City-St-Zip:** GAINESVILLE, FL 326085223

**Title:** TD  
**Name:** KORZEC, FRED  
**Address:** 10631 NW 60TH TERRACE  
**City-St-Zip:** ALACHUA, FL 326157469

**Title:** VD  
**Name:** BLOOD, ROBERT  
**Address:** 588 TURKEY CREEK  
**City-St-Zip:** ALACHUA, FL 326159307

**Title:** D  
**Name:** BOTTI, MAXINE  
**Address:** 10314 SW 48TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 326087177

**Title:** D  
**Name:** LAMBERT, DELPHINE  
**Address:** PO BOX 14150  
**City-St-Zip:** GAINESVILLE, FL 326141500

**Title:** SD  
**Name:** ELLIS, LAURA  
**Address:** 4609 NW 20TH DRIVE  
**City-St-Zip:** GAINESVILLE, FL 326055256

I hereby 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 all other like empowered.

**SIGNATURE:** FRED KORZEC

TD

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date