

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002182

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE BOONE SPORTS LEGACY BOARD, INC.

Current Principal Place of Business:

2000 SOUTH MILLS AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

924 N. MAGNOLIA AVENUE
SUITE 320
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 57-1166744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, THOMAS J MR.
924 N. MAGNOLIA AVENUE
SUITE 320
ORLANDO, FL 32803 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: P () Delete
Name: PORTER, THOMAS J
Address: 924 N MAGNOLIA AVENUE, SUITE 320
City-St-Zip: ORLANDO, FL 32803

Title: VP (X) Delete
Name: SMITH, RANDY
Address: 2811 KEYSTONE DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: BURDEN, JOHN
Address: 1389 WALD ROAD
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: UNCAPHER, SUSANNE
Address: 1625 PINE BLUFF AVENUE
City-St-Zip: ORLANDO, FL 32806

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
Name:
Address:
City-St-Zip:

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: THOMAS J. PORTER

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date