
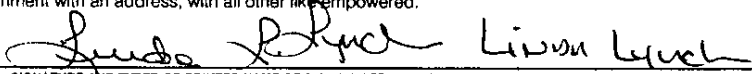


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90094 037 ****61.25

DOCUMENT # N03000004444 1. Entity Name BRANFORD BOOSTER CLUB, INC.					
Principal Place of Business POST OFFICE BOX 1333 1545 BRANFORD, FL 32008			Mailing Address PO BOX 1545 BRANFORD, FL 32008		
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	4. FEI Number 30-0218654	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BULLOCK, STEPHEN C ESQ. 116 NW COLUMBIA AVENUE LAKE CITY, FL 32055				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, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLOCK, STEPHEN		NAME		
STREET ADDRESS	116 NW COLUMBIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, LINDA		NAME		
STREET ADDRESS	26227 77TH RD		STREET ADDRESS		
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Paul Umfisch - Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BYRD, TONYA		NAME	P.O. Box 396	
STREET ADDRESS	POST OFFICE BOX 1374		STREET ADDRESS	Branford, FL 32008	
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPIVEY, TAMMY		NAME	Deanna Dicks	
STREET ADDRESS	POST OFFICE BOX 1333		STREET ADDRESS	Post Office Box 1665	
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP	Branford, FL 32008	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, ROBERT		NAME		
STREET ADDRESS	POST OFFICE BOX 612		STREET ADDRESS		
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director Cheryl Bransen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TRISCH, CYNTHIA		NAME	14548 182nd Street	
STREET ADDRESS	POST OFFICE BOX 644		STREET ADDRESS	McAlpin, FL 32062	
CITY-ST-ZIP	BRANFORD, FL 32008		CITY-ST-ZIP		
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:  Linda Lynch 3/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					