

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006933

FILED
Jul 03, 2007
Secretary of State

Entity Name: LAKE MARY ALL STAR CHEER, INC.

Current Principal Place of Business:

830 S. COUNTY RD 427
LONGWOOD, FL 32750

New Principal Place of Business:

830 S. COUNTY RD 427
SUITE 122
LONGWOOD, FL 32750

Current Mailing Address:

830 S. COUNTY RD 427
LONGWOOD, FL 32750

New Mailing Address:

830 S. COUNTY RD 427
SUITE 122
LONGWOOD, FL 32750

FEI Number: 20-0160989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, GENA
830 S. COUNTY RD 427
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

EVANS, GENA
830 S. COUNTY RD 427
SUITE 122
LONGWOOD, FL 32750 US

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: _____

07/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EVANS, GENA
Address: 830 S COUNTY RD 427
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: EVANS, TONY L
Address: 830 S COUNTY RD 427
City-St-Zip: LONGWOOD, FL 32750

Title: SEC () Delete
Name: EVANS, DOROTHY
Address: 830 S COUNTY RD 427
City-St-Zip: LONGWOOD, FL 32750

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:

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: TONY EVANS

VP

07/03/2007

Electronic Signature of Signing Officer or Director

Date