2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008699

FILED Apr 29, 2006 Secretary of State

Entity Name: EVERGLADES GATORS FOOTBALL BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 18140 NW 18TH STREET PEMBROKE PINES, FL 33029 **Current Mailing Address: New Mailing Address:** 18140 NW 18TH STREET PEMBROKE PINES, FL 33029 FEI Number: 35-2215745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VICKIE, SPENCER 18140 NW 18TH STREET PEMBROKE PINES, FL 33029 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SPENCER, VICKIE Name: Name: Address: 18140 NW 18TH STREET Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOHAMED, BEVERLY Name: Name: ACOSTA, ROBIN Address: 16948 SW 16TH STREET Address: 17494 SW 29TH LANE City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: MIRAMAR, FL 33029 Title: () Delete Title: (X) Change () Addition DEVNEW, DONNA NINOMAYA, ROSIE Name: Name: 18114 S.W. 5 COURT 19169 SW 29TH COURT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: MIRAMAR, FL 33029 Title: () Delete Title: () Change (X) Addition Name: Name: MORNING, STEPHANIE 1454 NW 154 LANE Address: Address: City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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: VICKIE SPENCER P 04/29/2006