

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008699

FILED
Apr 29, 2009
Secretary of State

Entity Name: EVERGLADES GATORS FOOTBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

11210 SHERIDAN ST.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11210 SHERIDAN ST.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 35-2215745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, REGINA M
11210 SHERIDAN ST.
PEMBROKE PINES, FL 33026 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: THOMPSON, WILL
Address: 3800 SW 168TH TERRACE
City-St-Zip: MIRAMAR, FL 33027 US

Title: T () Delete
Name: SHAPIRO, REGINA M
Address: 11210 SHERIDAN ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: BLUNT, JACQUELINE
Address: 16051 SW 49TH COURT
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP () Delete
Name: DE CALERO, JOE
Address: 15971 SW 20TH ST.
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: THOMPSON, LAVORA
Address: 3800 SW 168TH TERRACE
City-St-Zip: MIRAMAR, FL 33027 US

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: REGINA M. SHAPIRO

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date