

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 23, 2008
Secretary of State

DOCUMENT# N03000008750

Entity Name: CHARTER JAGUAR FOOTBALL BOOSTER CLUB, INC.**Current Principal Place of Business:**17189 SHERIDAN ST
ATTENTION: ATHLETICS
PEMBROKE PINES, FL 33331**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 820866
PEMBROKE PINES, FL 33082**New Mailing Address:****FEI Number:** 42-1645188**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAMIREZ, MIGUEL A
17189 SHERIDAN ST
ATTENTION: ATHLETICS
PEMBROKE PINES, FL 33331 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: RAMIREZ, MIGUEL A
Address: 321 NW 187 AVE
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** VP () Delete
Name: ANDERSON, LORI
Address: 142SW 204 AVE
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** T () Delete
Name: BARTNETT, DIANA
Address: 5840 CASTLEGATE AVE
City-St-Zip: DAVIE, FL 33331**Title:** VSC () Delete
Name: MC NALLY, MARIA
Address: 17616 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** JVSC (X) Delete
Name: RAMSUMAIR, SHAREEN
Address: 621 NW 78 TER # 202
City-St-Zip: PEMBROKE PINES, FL 33024**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: RAMSUMAIR, SHAREEN
Address: 621 NW 78TH TERRACE #202
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: RAMIREZ, MIGUEL A
Address: 321 NW 187TH AVENUE
City-St-Zip: DAVIE, FL 33029**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: MARIA MCNALLY

VSC

08/23/2008

Electronic Signature of Signing Officer or Director_____
Date