

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008750

FILED
Apr 13, 2009
Secretary of State

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:

GOOD, CRAIG
17189 SHERIDAN ST
ATTENTION: ATHLETICS
PEMBROKE PINES, FL 33331 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: CRAIG GOOD

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMSUMAIR, SHAREEN
Address: 621 NW 78TH TERRACE #202
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP (X) Delete
Name: ANDERSON, LORI
Address: 142SW 204 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T (X) Delete
Name: RAMIREZ, MIGUEL A
Address: 321 NW 187TH AVENUE
City-St-Zip: DAVIE, FL 33029

Title: VSC (X) Delete
Name: MC NALLY, MARIA
Address: 17616 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOOD, CRAIG
Address: 17189 SHERIDAN STREET
City-St-Zip: PEMBROKE PINES, FL 33331

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: CRAIG GOOD

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date