
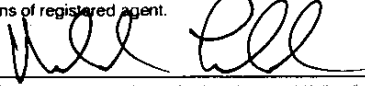
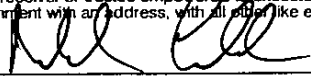


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90035 022 ****61.25

DOCUMENT # N04000002699 1. Entity Name AREA TALLAHASSEE AQUATIC CLUB BOOSTERS, INC.					
Principal Place of Business 4023 ROSCREA DR TALLAHASSEE, FL 32309			Mailing Address 4023 ROSCREA DR TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box # 1769 Copperfield Cir		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State		4. FEI Number 02-0718342	
Zip 32312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUMBLER, BRENT 4023 ROSCREA DR TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Michael Lombardi Street Address (P.O. Box Number is Not Acceptable) 1769 Copperfield Cir City Tallahassee FL Zip Code 32312		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 5-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, SARAH 5742 OWLS NEST RD. TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Williams, Sarah 5742 Owls Nest Rd. Tallahassee, FL 32309
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLETT, TOM 9725 OVERLOOK DR. TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Williams, Cris 5742 Owls Nest Rd Tallahassee, FL 32309
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EPPE, BECKY 9236 CENTERVILLE ROAD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lombardi, Michael 1769 Copperfield Cir Tallahassee, FL 32312
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFITH, JAQUI 5872 FLINTLOCK LOOP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lisa Simpson, Lisa 1348 Landover Pl Tallahassee, FL 32317
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			5-12-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		