## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004403

Entity Name: MAC ALL-STARS BOOSTER CLUB, INC.

FILED Apr 21, 2007 Secretary of State

pal Place of Business:
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5232 VANGUARD STREET ORLANDO, FL 32819 US

Current Mailing Address: New Mailing Address:

5232 VANGUARD STREET ORLANDO, FL 32819 US

FEI Number: 20-1230623 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARSON, DIANE M
5232 VANGUARD STREET
ORLANDO, FL 32819 US

CAMERON, ROGANN
5232 VANGUARD STREET
ORLANDO, FL 32819 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: ROGANN CAMERON 04/21/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BROWN, ROBIN LAMARCA, GARY Name: Name: 5232 VANGUARD STREET Address: 5232 VANGUARD STREET Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US Title: ( ) Delete Title: (X) Change ( ) Addition LAMARCA, SUE LARSON, DIANE Name: Name: Address: 5232 VANGUARD STREET Address: 5232 VANGUARD STREET City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LAMARCA, GARY Name: BAILEY, LISA

Address: 5232 VANGUARD STREET
City-St-Zip: ORLANDO, FL 32819 US

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City-St-Zip: ORLANDO, FL 32819 US

City-St-Zip: ORLANDO, FL 32819 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MACKEY, TRICIA Name: KOBOS, KATHY

Address: 5232 VANGUARD STREET Address: 5232 VANGUARD STREET
City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US

Name: JONES, LORI Name: KING, LORI

 Address:
 5232 VANGUARD STREET
 Address:
 5232 VANGUARD STREET

 City-St-Zip:
 ORLANDO, FL 32819 US
 City-St-Zip:
 ORLANDO, FL 32819 US

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAMERON, ROGANN
 Name:

 Address:
 5232 VANGUARD STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32819 US
 City-St-Zip:

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: ROGANN CAMERON PRES 04/21/2007

Electronic Signature of Signing Officer or Director

Date