2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005788

FILED Jun 29, 2005 Secretary of State

Entity Name: CHEERING GATORS BOOSTER CLUB, INC.

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Current Pr	incipal Place of Business:	New Princ	ipal Place of Business:
511 SW 18 PEMBROK	1 AVE E PINES, FL 33029 US		
Current Mailing Address:		New Maili	ng Address:
511 SW 181 AVE PEMBROKE PINES, FL 33029 US			
FEI Number: 59-0696273 FEI Number Applied For () FEI Number No In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior Name and Address of Current Registered Agent: Name			
KING, ALAI 511 SW 18 PEMBROK			
The above in the State	named entity submits this statement for the purpos of Florida.	e of changing i	ts registered office or registered agent, or both,
SIGNATUR	E:		
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete KING, ALANA 511 SW 181 AVE PEMBROKE PINES, FL 33029 US	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	V () Delete LAND, TRACEY 2233 NW 208 TERRACE PEMBROKE PINES, FL 33029 US	Title: Name: Address: City-St-Zip:	V (X) Change () Addition FORD, DEBRA 18614 NW 23 ST. PEMBROKE PINES, FL 33027 US
Title: Name: Address: City-St-Zip:	S () Delete FORD, DEBRA 18614 NW 23RD STREET PEMBROKE PINES, FL 33027 US	Title: Name: Address: City-St-Zip:	S (X) Change () Addition PLITNIKAS, BETH 18820 NW 2ND ST. PEMBROKE PINES, FL 33029 US
Title: Name: Address: City-St-Zip:	T () Delete CHENEY, COLLEEN 474 SW 183 WAY PEMBROKE PINES, FL 33029 US	Title: Name: Address: City-St-Zip:	S (X) Change () Addition MANDEL, MINA 1811 NW 168TH AVENUE PEMBROKE PINES, FL 33028 US
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition ELSEA, BARBARA 17925 SW 10TH CT PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALANA KING P 06/29/2005