

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005788

FILED
Mar 22, 2006
Secretary of State

Entity Name: CHEERING GATORS BOOSTER CLUB, INC.

Current Principal Place of Business:

511 SW 181 AVE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

17100 SW 48TH COURT
MIRAMAR, FL 33027 US

Current Mailing Address:

511 SW 181 AVE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

17100 SW 48TH COURT
MIRAMAR, FL 33027 US

FEI Number: 59-0696273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, ALANA
511 SW 181 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

ELSEA, BARBARA
17925 SW 10 COURT
PEMBROKE PINES, FL 33029 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: BARBARA M. ELSEA

03/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, ALANA
Address: 511 SW 181 AVE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: V () Delete
Name: FORD, DEBRA
Address: 18614 NW 23 ST.
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: S () Delete
Name: PLITNIKAS, BETH
Address: 18820 NW 2ND ST.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S () Delete
Name: MANDEL, MINA
Address: 1811 NW 168TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T () Delete
Name: ELSEA, BARBARA
Address: 17925 SW 10TH CT
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: BARBARA M. ELSEA

T

03/22/2006

Electronic Signature of Signing Officer or Director

Date