

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006049

FILED  
Jul 24, 2006  
Secretary of State

**Entity Name:** CHEER & DANCE MANIA BOOSTERS, INC.

**Current Principal Place of Business:**

11363 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

11363 SAN JOSE BLVD.  
SUITE 400  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

11363 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**New Mailing Address:**

11363 SAN JOSE BLVD.  
SUITE 400  
JACKSONVILLE, FL 32223

**FEI Number:** 20-1257731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NELSON, JILL  
6005 POWERS AVENUE  
SUITE 206  
JACKSONVILLE, FL 322172281 US

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

NELSON, JILL  
6005 POWERS AVENUE  
SUITE 400  
JACKSONVILLE, FL 322172281 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: \_\_\_\_\_

07/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NELSON, JILL  
Address: 35247 WELCOME LANE  
City-St-Zip: CALLHAN, FL 32011

Title: D (X) Delete  
Name: HOPPER, DENISE  
Address: 35199 WELCOME LANE  
City-St-Zip: CALLHAN, FL 32011

Title: D ( ) Delete  
Name: ELLIOTT, DARLENE  
Address: 301 ASHWOOD CT.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Delete  
Name: FLINT, CATHERINE  
Address: 1624 INKBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Delete  
Name: WALER, RENEE  
Address: 13858 THOMASVILLE CT.  
City-St-Zip: JACKSONVILLE, FL 32223

**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: JILL NELSON

D

07/24/2006

Electronic Signature of Signing Officer or Director

Date