2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000491

Entity Name: THE 9.0 BOOSTER CLUB, INC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

4603-B SHIRLEY AVENUE US JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

4603-B SHIRLEY AVENUE JACKSONVILLE, FL 32210 US

FEI Number: 20-2189397 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:

DUGGAN, LAURY C LABICHE, KRISTIN 9782 SANDLER ROAD 4603-B SHIRLEY AVENUE JACKSONVILLE, FL 32222 JACKSONVILLE, FL 32210 US 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.

City-St-Zip:

SIGNATURE: KRISTIN LABICHE 04/29/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DUGGAN, LAURY C LABICHE, KRISTIN Name: Name: 4603-B SHIREY AVENUE Address: 4603-B SHIRLEY AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32210 US Title: () Delete Title: (X) Change () Addition Name: SPELLER, AUDREY Name: CARLOW, CRYSTAL Address: 4603-B SHIREY AVENUE Address: 4603-B SHIRLEY AVENUE City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32210 US Title: SEC () Delete Title: SEC (X) Change () Addition LEPORATI, CYNTHIA Name: SPELLER, AUDREY Name: 4603-B SHIREY AVENUE 4603-B SHIRLEY AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32210 US Title: () Delete Title: TR () Change (X) Addition Name: Name: GRAY, KORA 4603-B SHIRLEY AVENUE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32210 US Title: () Delete Title: () Change (X) Addition LLOYD, NATALIE Name: Name: 4603-B SHIRLEY AVENUE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32210 US Title: () Delete Title: () Change (X) Addition LEPORATI, CYNTHIA Name: Name: Address: Address: 4603-B SHIRLEY AVENUE JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: CYNTHIA LEPORATI **ADV** 04/29/2008