

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005231

FILED
Jan 08, 2012
Secretary of State

Entity Name: LADY GATOR TENNIS BOOSTERS, INC.

Current Principal Place of Business:

2772-S NORTHWEST 43RD STREET
GAINESVILLE, FL 32604 US

New Principal Place of Business:

4012 NW 65TH AVE
GAINESVILLE, FL 32653 US

Current Mailing Address:

POST OFFICE BOX 14485
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 20-3374612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAPPENECKER, STEPHEN A
2772-S NORTHWEST 43RD STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: RAPPENECKER, STEPHEN A
Address: 1606 N.W. 66TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: O
Name: GWIN, CAROL H
Address: 4012 NW 65 AVE
City-St-Zip: GAINESVILLE, FL 32653 US

Title: O
Name: RUSH, DYMETRIA
Address: 9444 SW 29TH LN
City-St-Zip: GAINESVILLE, FL 32608 US

Title: O
Name: RUSH, MARK
Address: 9444 SW 29 LANE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: O
Name: JAY, JOHN
Address: 3253 SW 92ND WAY
City-St-Zip: GAINESVILLE, FL 32608 US

Title: O
Name: KOTERBA, ANN
Address: 16114 NW 32ND AVE
City-St-Zip: NEWBERRY, FL 32669 US

I hereby 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 all other like empowered.

SIGNATURE: CAROL H. GWIN

PRES

01/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date