

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90003 020 ****70.00

DOCUMENT # N05000005655

1. Entity Name
MID FLORIDA GOLD BOOSTER CLUB INC.



Principal Place of Business
**1117 CITRUS TOWER BLVD
CLERMONT, FL 34711**

Mailing Address
**152 LOMBARD CIRCLE
CLERMONT, FL 34711**

00011107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-3613823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANDI, DOREEN
152 LOMBARD CIRCLE
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doreen Landi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LANDI, DOREEN**
STREET ADDRESS **152 LOMBARD CIRCLE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **V** ☐ Delete
NAME **OLIVA, LUCY**
STREET ADDRESS **301 E CHESTER AVE**
CITY-ST-ZIP **MINNEOLA, FL 34755**

TITLE **S** ☒ Delete
NAME **BERISFORD, TONYA**
STREET ADDRESS **4750 RICHARDSON RD**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **T** ☐ Delete
NAME **SMITH, LISA**
STREET ADDRESS **13541 OAK KNOLL RD**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME *Ruth McCulloch*
STREET ADDRESS *318 Forest Crest Ct*
CITY-ST-ZIP *OCFEE, FL 34761*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doreen R Landi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

Date

352 243 6691

Daytime Phone #