
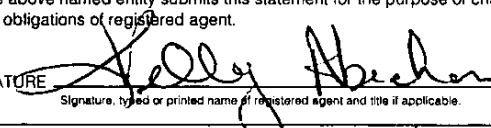
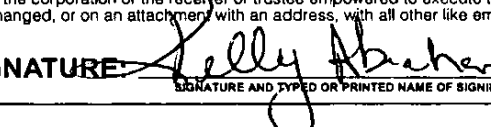


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90039 005 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 15229 Catherine Cr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Groveland, FL		4. FEI Number 59-3613823	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34736		Lake		Applied For <input type="checkbox"/> Not Applicable	
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 Kelly Abraham Street Address (P.O. Box Number is Not Acceptable) 15229 Catherine Cr. City Groveland FL Zip Code 34736		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDI, DOREEN 152 LOMBARD CIRCLE CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angela Cooke 987 W. Magnolia St Clermont, FL 34711
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVA, LUCY 301 E CHESTER AVE MINNEOLA, FL 34755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wendy Roive 1627 Charlemange Ct. Winter Garden, FL 34787
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCULLOGH, RUTH 318 FOREST CREST CT OCOE, FL 34761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michelle Stone 883 Tumblewater Ocoee, FL 34761
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, LISA 13541 OAK KNOLL RD CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly Abraham 15229 Catherine Cr. Groveland, FL 34736
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 			Date 7-20-07 Daytime Phone # 407-970-8817		