

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90256 003 \*\*\*\*61.25

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # N05000005655</b><br>1. Entity Name<br><b>MID FLORIDA GOLD BOOSTER CLUB INC.</b>  |   |  |   |    |  |
| Principal Place of Business<br><b>1117 CITRUS TOWER BLVD<br/>CLERMONT, FL 34711</b>  |   |  | Mailing Address<br><b>15629 CATHERINE CR<br/>GROVELAND, FL 34736</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                      |   | <b>40097374</b><br><br>   |  |
| City & State   |   | City & State   |   | 04302008    Chg-NP    CR2E037 (12/06)   |  |
| Zip  |   | Country  |   | 4. FEI Number<br><b>59-3613823</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ABRAHAM, KELLY<br/>15629 CATHERINE CR<br/>GROVELAND, FL 34736</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE</small>   |   |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   | P<br><b>COOKE, ANGELA<br/>987 W. MAGNOLIA ST<br/>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                   | Katherine Lewis<br>1962 Brantley C.R.<br>Clermont, FL 34711<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   | V<br><b>ROGUE, WENDY<br/>1627 CHARLIE MANAGE CT<br/>WINTER GARDEN, FL 34787</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   | S<br><b>STONE, MICHELLE<br/>1883 TUMLE WATER<br/>OCOE, FL 34761</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   | T<br><b>ABRAHAM, KELLY<br/>15629 CATHERINE CR<br/>GROVELAND, FL 34736</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |   |  |
| <b>SIGNATURE:</b>   |   |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |   |   |  |
| Date <b>4-20-08</b>  |   |  |   | Daytime Phone #   |  |