

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005655

FILED
Apr 20, 2009
Secretary of State

Entity Name: MID FLORIDA GOLD BOOSTER CLUB INC.

Current Principal Place of Business:

1117 CITRUS TOWER BLVD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

15629 CATHERINE CR
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-3613823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHOM, KELLY
15629 CATHERINE CR
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

ABRAHAM, KELLY
15629 CATHERINE CR
GROVELAND, FL 34736 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.

SIGNATURE: KELLY ABRAHAM

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUENS, KATHERINE
Address: 1962 BRENTLEY CIR.
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: ROGUE, WENDY
Address: 1627 CHARLIE MANAGE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: STONE, MICHELLE
Address: 1883 TUMLE WATER
City-St-Zip: OCOEE, FL 34761

Title: T () Delete
Name: ABRAHAM, KELLY
Address: 15629 CATHERINE CR
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUCUS, KATHERINE
Address: 1962 BRENTLEY CIR.
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KELLY ABRAHAM

TRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date