2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED
04-05-2007 90134 033 ****70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000006275

1. Entity Name
JAGUARS AQUATIC BOOSTER CLUB CORP.

Principal Place of Business	Mailing Address
~~824 NW 110 LANE~~ ~~CORAL SPRINGS, FL 33071~~	~~824 NW 110 LANE~~ ~~CORAL SPRINGS, FL 33071~~
2700 SportsPlex Dr. Coral Springs, Fl 33065 ↔ (same)	

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03012007 Chg-NP CR2E037 (12/06)

4. FEI Number 11-3727461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WHELAN, STACEY~~ ~~4111 NW 83RD~~ ~~CORAL SPRINGS, FL 33065~~ Linda C. Rogan 1125 NW 119 Ave. Coral Springs, Fl 33071	Name Linda C. Rogan Street Address (P.O. Box Number is Not Acceptable) 1125 NW 119 Ave City Coral Springs FL Zip Code 33071

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 ~~Stacey Whelan~~ Linda Rogan 4-3-07
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, 2007	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~WHELAN, STACEY~~ ~~4111 NW 83RD LANE~~ ~~CORAL SPRINGS, FL 33065~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~NEBERA, ILEANA~~ ~~824 NW 110TH LANE~~ ~~CORAL SPRINGS, FL 33071~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MUNVES, CARI 2700 SPORTPLEX DR CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Linda C. Rogan 1125 NW 119 Ave Coral Springs, Fl 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Linda Rogan
Linda Rogan
Signed & Printed

Document corrected per Gina Casey.