2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N05000010606

Entity Name: WEST NASSAU WARRIOR FOOTBALL BOOSTER CLUB CORP.

Current Principal Place of Business:

1 WARRIOR DRIVE
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1734
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 76-0814996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, TAMMY L
16022 PUSKITA TRAIL
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HERN, RICHARD
Address: 1148 SUNOWA SPRINGS TRAIL
City-St-Zip: BRYCEVILLE, FL 32009

Title: V ( ) Delete
Name: BAKER, TAMMY L
Address: 16022 PUSKITA TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete
Name: GILL, BARBARA
Address: 54117 JESSICA PL.
City-St-Zip: CALLAHAN, FL 32011

Title: T ( ) Delete
Name: PARKER, PAMELA A
Address: 1415 COUNTRYSIDE ACRES
City-St-Zip: BRYCEVILLE, FL 32009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PAMELA A. PARKER TREA 03/13/2009
Electronic Signature of Signing Officer or Director — Date