

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 11, 2007 8:00 am**  
**Secretary of State**

06-11-2007 90006 019 \*\*\*\*61.25

**DOCUMENT # N05000012243**

1. Entity Name  
**TOP CONTENDERS BOOSTER CLUB INC.**



Principal Place of Business  
**16621 US HIGHWAY 19  
HUDSON, FL 34667**

Mailing Address  
**11015 ISLAND PINE DRIVE  
PORT RICHEY, FL 34668**

**40120332**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**10427 Miracle Ln.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072007 Chg-NP CR2E037 (12/06)

City & State

City & State  
**New Port Richey, FL**

4. FEI Number  
**76-0830105**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**34654 USA**

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

**JACOBS, MIKE  
16621 US HWY 19  
HUDSON, FL 34667**

Name **Dayna Corley**  
Street Address (P.O. Box Number is Not Acceptable)  
**10427 Miracle Ln.**

City **New Port Richey** FL Zip Code **34654**

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

*Dayna Corley*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-7-07**

**Filing Fee is \$61.25  
Due by September 14, 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 **P** ☒ Delete  
NAME **JACOBS, MIKE**  
STREET ADDRESS **14025 TYRINGHAM STREET**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **P** ☒ Change ☐ Addition  
NAME **Holly Christian son**  
STREET ADDRESS **16621 US HWY 19**  
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **T** ☒ Delete  
NAME **LUIS, KIM**  
STREET ADDRESS **16621 US HWY 19**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **T** ☒ Change ☐ Addition  
NAME **Dayna Corley**  
STREET ADDRESS **10427 Miracle Ln.**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **S** ☒ Delete  
NAME **RODRIGUEZ, JENNIFER**  
STREET ADDRESS **16621 US HWY 19**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **S** ☒ Change ☐ Addition  
NAME **Brenda Lawing**  
STREET ADDRESS **16621 US HWY 19**  
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **VP** ☐ Delete  
NAME **ELAM, KEITH**  
STREET ADDRESS **16621 US HWY 19**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dayna Corley*

**5-7-07 379 5553**