


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

05-05-2008 90252 048 \*\*\*\*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 11427 MIRACLE LN NEW PORT RICHEY, FL 34654	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>11920 Palm Bay</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>New Port Richey, FL</i>	
Zip		Zip <i>34654</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 76-0830105		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORLEY, DAYNA 10427 MIRACLE LN NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name: <i>Same</i> Street Address (P.O. Box Number is Not Acceptable): <i>11920 Palm Bay</i> City: <i>New Port Richey</i> FL Zip Code: <i>34654</i>	
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: <i>[Signature]</i>		DATE: <i>4-30-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CHRISTIANSO, HOLLY 16621 45 HWY 19 HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORLEY, DAYNA 10427 MIRACLE LN NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>address change</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11920 Palm Bay</i> <i>New Port Richey, FL 34654</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWING, BRENDA 16621 US HWY 19 HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>[Signature]</i> - Treasurer		Date: <i>4-30-08</i> Daytime Phone: <i>379-3753</i>	