

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000680

FILED
Apr 13, 2007
Secretary of State

Entity Name: LADY AGGIES BOOSTER CLUB, INC.

Current Principal Place of Business:

1771 TATE ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

10250 N PALAFOX ST
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, DIANE
10250 NORTH PALAFOX STREET
PENSACOLA, FL 32534 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: D () Delete
Name: SHERWIN, PAUL
Address: 1980 WINNERS CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: BEDFORD, LAURIE
Address: 8925 SCENIC HILLS DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SUTTON, SYNORA
Address: 3355 HIGHWAY 29 NORTH
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: FITZPATRICK, DIANE
Address: 10250 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DICKINSON, JUDY
Address: 5812 FOREST RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32526

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 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: DIANE R. FITZPATRICK

D

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date