# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# N06000003982

**Entity Name:** ALTHA LADY WILDCATS BOOSTER CLUB, INC.

**Current Principal Place of Business:**

15713 NW ASHLEY SHIVER RD.
ALTHA, FL 32421 US

**New Principal Place of Business:**

**Current Mailing Address:**

15713 NW ASHLEY SHIVER RD.
ALTHA, FL 32421 US

**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:**

DOYAL, WENDY
15713 NW ASHLEY SHIVER RD.
ALTHA, FL 32421 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: HIRES, SHELBY
Address: 17372 NW ANGLE STREET
City-St-Zip: BLOUNTSTOWN, FL 32424 US

Title: VP ( ) Delete
Name: POWELL, KEITH
Address: P.O. BOX 92
City-St-Zip: PANAMA CITY, FL 32402

Title: SEC. ( ) Delete
Name: DOYAL, WENDY
Address: 15713 NW ASHLEY SHIVER RD.
City-St-Zip: ALTHA, FL 32424 US

Title: D ( ) Delete
Name: CHASON, SHARON
Address: 22388 NW CHASON LOOP
City-St-Zip: ALTHA, FL 32421 US

Title: D ( ) Delete
Name: YON, KEITH
Address: P.O. BOX 294
City-St-Zip: BLOUNTSTOWN, FL 32424 US

Title: D ( ) Delete
Name: LIPFORD, CHARLIE
Address: 22516 NW CHASON LOOP
City-St-Zip: ALTHA, FL 32421 US

**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:

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: SHELBY HIRES P 04/27/2007
Electronic Signature of Signing Officer or Director — Date