


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90179 042 \*\*\*\*61.25

<b>DOCUMENT # N06000009530</b> 1. Entity Name <b>ELHS SOCCER BOOSTERS, INC.</b>					
Principal Place of Business <b>1300 SILVER EAGLE DRIVE TARPON SPRINGS, FL 34688</b>			Mailing Address <b>1300 SILVER EAGLE DRIVE TARPON SPRINGS, FL 34688</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHAEFER, SUE 1300 SILVER EAGLE DRIVE TARPON SPRINGS, FL 34688</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAEFER, SUE		NAME	Gina Russo	
STREET ADDRESS	1300 SILVER EAGLE DRIVE		STREET ADDRESS	1300 Silver Eagle Drive	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		CITY-ST-ZIP	Tarpon Springs, FL 34688	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUMHAM, NANCY		NAME	Tina Bostic	
STREET ADDRESS	1300 SILVER EAGLE DRIVE		STREET ADDRESS	1300 Silver Eagle Drive	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		CITY-ST-ZIP	Tarpon Springs, FL 34688	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIENSEN, GAIL		NAME		
STREET ADDRESS	1300 SILVER EAGLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Sue A. Schaefer</u>			Date: <u>4-17-07</u> Daytime Phone #: <u>727-942-6155</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					