

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011308

FILED
Feb 10, 2009
Secretary of State

Entity Name: WILDCAT FOOTBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

13860 N STATE RD 121
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

PO BOX 922
MACCLENNY, FL 32063

New Mailing Address:

PO BOX 922
MACCLENNY, FL 320630922 US

FEI Number: 20-5795473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, EMIL C SR.
106 W BLVD N.
MACCLENNY, FL 32063 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: MUNSON, FRED
Address: 13860 N STATE RD 121
City-St-Zip: MACCLENNY, FL 32063

Title: VP () Delete
Name: MCCULLOUGH, TREK
Address: PO BOX 31
City-St-Zip: MACCLENNY, FL 32063

Title: TREA () Delete
Name: TREACE, KURT
Address: PO BOX 133
City-St-Zip: MACCLENNY, FL 32063

Title: SEC () Delete
Name: SULLIVAN, DENNIS
Address: 530 FERN ST
City-St-Zip: MACCLENNY, FL 32063

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:

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: FRED MUNSON

P

02/10/2009

Electronic Signature of Signing Officer or Director

Date