2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 11 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000863

1. Entity Name
LINCOLN LACROSSE BOOSTERS, INC.

Principal Place of Business	Mailing Address
C/O ATHLETIC DIRECTOR, LINCOLN HIGH SCHOOL 3838 TROJAN TRAIL TALLAHASSEE, FL 32311	~~C/O SAM MCARTHUR~~ ~~1620 HIGHLAND DRIVE~~ ~~TALLAHASSEE, FL 32317~~

03132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3838 Trojan Trail
City & State	City & State Tallahassee FL
Zip / Country	Zip 32311 / Country USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MCARTHUR, SAM~~ ~~1620 HIGHLAND DRIVE~~ ~~TALLAHASSEE, FL 32317~~	Name: David K. Miller Street Address (P.O. Box Number is Not Acceptable): 3034 OBrien Drive City: Tallahassee FL Zip Code: 32309

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: David K. Miller 3-13-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PST MCARTHUR, SAM 1620 HIGHLAND DRIVE TALLAHASSEE, FL 32317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Chris McRae 3055 Hawks Landing Drive Tallahassee FL 32309 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Secretary/Director Jodi Hart 4357 Woodbridge Road Tallahassee FL 32303 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director David K. Miller 3034 OBrien Drive Tallahassee FL 32309 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Shera Fahey M.D. 3617 OBrien Drive Tallahassee FL 32309 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Kim Wheeler 3078 OBrien Drive Tallahassee FL 32309 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000123046910 04/11/08--01031--001 **61.25 — ☐ Change ☐ 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: David K. Miller 4/11/08 850/681-6810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/11 ad