

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000863

FILED  
Feb 04, 2011  
Secretary of State

Entity Name: LINCOLN LACROSSE BOOSTERS, INC.

**Current Principal Place of Business:**

C/O ATHLETIC DIRECTOR  
3838 TROJAN TRAIL  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ATHLETIC DIRECTOR  
3838 TROJAN TRAIL  
TALLAHASSEE, FL 32311

**New Mailing Address:**

FEI Number: 20-8316393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAY, GARY L  
2350 WELAKA TRAIL  
TALLAHASSEE, FL 32309 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: PD  
Name: WHEELER, ROB  
Address: 3078 O'BRIEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPSD  
Name: FAHEY, MARK  
Address: 3017 O'BRIEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SEC  
Name: BODIN, PAM  
Address: 3275 GARCIA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA  
Name: GRAY, GARY  
Address: 2350 WELAKA TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: FAHEY, SHERA  
Address: 3017 O'BRIEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: GARY L. GRAY

TREA

02/04/2011

Electronic Signature of Signing Officer or Director

Date