

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000892

FILED
Mar 13, 2008
Secretary of State

Entity Name: FLETCHER LACROSSE BOOSTERS, INC.

Current Principal Place of Business:

4623 HWY AVE.
JACKSONVILLE, FL 322544123

New Principal Place of Business:

54 OCEANSIDE DR.
ATLANTIC BEACH, FL 32233

Current Mailing Address:

4623 HWY AVE.
JACKSONVILLE, FL 322544123

New Mailing Address:

54 OCEANSIDE DR.
ATLANTIC BEACH, FL 32233

FEI Number: 20-5723841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHERN, FRED L. JR.
2215 S. THIRD ST., STE. 101
BUSCHMAN, AHERN, PERSONS & BANKSTON
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

OAKLEY, NANCY H.
54 OCEANSIDE DR.
ATLANTIC BEACH, FL 32250 US

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: NANCY H. OAKLEY

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOELZ, JOHN
Address: 1359 BEACH AVE.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VTD () Delete
Name: BISHOP, JOHN
Address: 4623 HWY AVE.
City-St-Zip: JACKSONVILLE, FL 322544123

Title: SD () Delete
Name: PARKER, CYNTHIA
Address: 1959 BRISTA DEL MAR CIR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHERRILL, PETER
Address: 1772 SEA OATS DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP (X) Change () Addition
Name: TRUSSELL, GALEN
Address: 354 11TH ST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SECR (X) Change () Addition
Name: WINFREE, WOODY
Address: 335 3RD ST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TREA () Change (X) Addition
Name: OAKLEY, NANCY H.
Address: 54 OCEANSIDE DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

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: NANCY H. OAKLEY

TREA

03/13/2008

Electronic Signature of Signing Officer or Director

Date