

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90030 017 ****70.00

DOCUMENT # N07000004001 1. Entity Name DREAM QUEST BOOSTER CLUB, INC.					
Principal Place of Business 2856 CHELSEA PLACE N CLEARWATER, FL 33759 1480 Gulf Blvd #1204 Clearwater FL 33767		Mailing Address 2856 CHELSEA PLACE N CLEARWATER, FL 33759 1480 Gulf Blvd #1204 Clearwater FL 33767			
2. Principal Place of Business - No P.O. Box # 1480 Gulf Blvd #1204 Suite, Apt. #, etc. #1204		3. Mailing Address 1480 Gulf Blvd #1204 Suite, Apt. #, etc.			
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 20-8915006	
Zip 33767		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAKESTRAW, JANE 2856 CHELSEA PLACE N CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name Dawn Crawford Street Address (P.O. Box Number is Not Acceptable) 1480 Gulf Blvd #1204 City Clearwater FL Zip Code 33767	
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 <u>Dawn Crawford</u> <u>[Signature]</u> 8/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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	P RAKESTRAW, JANE 2856 CHELSEA PLACE N CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dawn Crawford 1480 Gulf Blvd #1204 Clearwater, FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUDWISCHER, MATT 1410 W VIRGINIA LANE CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Tris Wheeler 670 Island Way #600 Clearwater, FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUDWISCHER, PATTI 1410 W VIRGINIA LANE CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/20/08 727 546-2409 <small>Date Daytime Phone #</small>		