

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004902

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: CHEERCO BOOSTER CLUB, INC.

## Current Principal Place of Business:

2615 B CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

2615 B CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 36-4608378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHILDREE, HOPE  
1393 MANOR HOUSE DRIVE  
TALLAHASSEE, FL 32312 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: CH ( ) Delete  
Name: THORN, ABBY  
Address: 3570 BARTRAN CT.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: CH ( ) Delete  
Name: CHILDREE, HOPE  
Address: 1393 MANOR HOUSE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: SEC ( ) Delete  
Name: LEE, ROBIN  
Address: 10044 NEAMATHLA  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TRES ( ) Delete  
Name: HUFFMAN, PAIGE  
Address: 6396 MALLARD TRACE  
City-St-Zip: TALLAHASSEE, FL 32312

## 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: PAIGE HUFFMAN

TRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date