
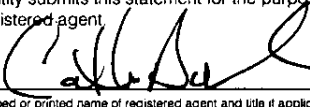
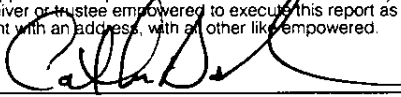


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90071 032 ****61.25

DOCUMENT # N07000006447					
1. Entity Name PARADISE BOOSTER CLUB, INC.					
Principal Place of Business 3818 SW 6TH AVE. CAPE CORAL, FL 33914			Mailing Address 3818 SW 6TH AVE. CAPE CORAL, FL 33914		
2. Principal Place of Business - No P.O. Box # 915 SE 14 th Place Suite, Apt. #, etc. Units 10-14 City & State Cape Coral, FL Zip 33990		3. Mailing Address 915 SE 14 th Place Suite, Apt. #, etc. Units 10-14 City & State Cape Coral, FL Zip 33990		04172008 Chg-NP CR2E037 (12/06)	
Country USA		Country USA		4. FEI Number 26-0393797	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUGGIERI, RAYMOND 3818 SW 6TH AVE. CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name Catherine Baker Street Address (P.O. Box Number is Not Acceptable) 12818 Kedleston Circle City Ft. Myers FL Zip Code 33912		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE 4/18/08 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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 President	NAME Catherine Baker		TITLE NAME	STREET ADDRESS 12818 Kedleston Circle	
STREET ADDRESS 12818 Kedleston Circle	CITY-ST-ZIP Ft. Myers, FL 33912		STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE Vice President	NAME Patricia Kirkpatrick		TITLE NAME	STREET ADDRESS 242 SW 36 th Terrace Cape Coral, FL 33914	
STREET ADDRESS 242 SW 36 th Terrace Cape Coral, FL 33914	CITY-ST-ZIP Cape Coral, FL 33914		STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE SECRETARY	NAME ROSE ANN MEYERS		TITLE NAME	STREET ADDRESS 208 E. MARIANA AVE. N. Ft. Myers, FL 33917	
STREET ADDRESS 208 E. MARIANA AVE. N. Ft. Myers, FL 33917	CITY-ST-ZIP Ft. Myers, FL 33917		STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE TREASURER	NAME PATRICIA DE FILIPPI		TITLE NAME	STREET ADDRESS 2081 CAPE HEATHER CIR. CAPE CORAL, FL 33991	
STREET ADDRESS 2081 CAPE HEATHER CIR. CAPE CORAL, FL 33991	CITY-ST-ZIP Cape Coral, FL 33991		STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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 or other like empowered.					
SIGNATURE: 			4/18/08 239 561 6585		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		