

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006447

FILED
Apr 27, 2009
Secretary of State

Entity Name: PARADISE BOOSTER CLUB, INC.

Current Principal Place of Business:

915 SE 14H PLACE
UNITS 10-14
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

915 SE 14H PLACE
UNITS 10-14
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-0393797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, CATHERINE
12818 KEDLESTON CIRCLE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

DEFILIPPI, PATRICIA
915 SE 14TH PLACE
UNITS 10-14
CAPE CORAL, FL 33990 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: PATRICIA DEFILIPPI

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKER, CATHERINE
Address: 12818 KEDLESTON CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: VP () Delete
Name: KIRKPATRICK, PATRICIA
Address: 241 SW 36 TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: MEYERS, ROSE A
Address: 208 E. MARIANA AVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T () Delete
Name: DEFILLIPPI, PATRIOA
Address: 2081 CAPE HEATHER CIR.
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KIRKPATRICK, PATRICIA
Address: 241 SW 36 TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change () Addition
Name: ROOST, TIFFANY
Address: 2414 WOODLAND BLVD
City-St-Zip: FORT MYERS, FL 33907

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: PATRICIA DEFILIPPI

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04/27/2009

Electronic Signature of Signing Officer or Director

Date