

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007485

FILED  
May 01, 2008  
Secretary of State

Entity Name: LPA BOOSTER CLUB INC.

## Current Principal Place of Business:

4920 NORTH DAVIS HWY  
PENSACOLA, FL 32503

## New Principal Place of Business:

8253 CHELLIE RD  
PENSACOLA, FL 32526

## Current Mailing Address:

4920 NORTH DAVIS HWY  
PENSACOLA, FL 32503

## New Mailing Address:

1809 KINGS WAY CIRCLE  
CANTONMENT, FL 32533

FEI Number: 26-0623370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ADKERSON, JAMI S  
7053 WOODSIDE RD  
PENSACOLA, FL 32526      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: P ( ) Delete  
Name: PALAG, SANDRA  
Address: 4500 LANGLEY AVE  
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Delete  
Name: ESPOSITO, TAMARA  
Address: 9093 ASHVILLE DR  
City-St-Zip: PENSACOLA, FL 32514

Title: TREA ( ) Delete  
Name: DRINKARD, ELISE  
Address: 3895 ARBUTUS DR  
City-St-Zip: PENSACOLA, FL 32504

Title: TREA ( ) Delete  
Name: ADKERSON, JAMI S  
Address: 7053 WOODSIDE RD  
City-St-Zip: PENSACOLA, FL 32526

Title: SEC ( ) Delete  
Name: PRICE, LESA  
Address: 1053 TATE RD  
City-St-Zip: CANTONMENT, FL 32533

## 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:

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: JAMI ADKERSON

TREA

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date