



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000008167 1. Entity Name CONCH ATHLETIC BOOSTERS, INC.					
Principal Place of Business 2222 PATTERSON AVENUE KEY WEST, FL 33040			Mailing Address 2222 PATTERSON AVENUE KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # 6705 SHRIMP RD.		3. Mailing Address 6705 SHRIMP RD.		 08222008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. No. 103		Suite, Apt. #, etc. No. 103			
City & State Key West, FL		City & State Key West, FL			
Zip 33040		Zip 33040			
Country USA		Country USA		4. FEI Number 26-0752147	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVILA, GREGORY D 2505 FLAGLER AVENUE KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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 Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	P COLLAZO, JOSE <input type="checkbox"/> Delete 6705 SHRIMP ROAD, NO. 103 KEY WEST, FL 33040	TITLE	P/T COLLAZO, JOSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additk 6705 SHRIMP ROAD, NO. 103 KEY WEST, FL 33040		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete GALVAN, GEORGE 3416 16TH TERRACE KEY WEST, FL 33040	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete CABALLERO, JAIME 2222 PATTERSON AVENUE KEY WEST, FL 33040	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete DAVILA, GREGORY D 2505 FLAGLER AVENUE KEY WEST, FL 33040	TITLE			
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			

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09/18/08--01047--005 **\$1.25

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.

KS

Jose Collazo 8/22/08

(305) 304-1188