2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# N07000011008

Entity Name: FLIP & TWIST BOOSTER CLUB, INC.

Current Principal Place of Business:

2013 MURCOTT DR.
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

2013 MURCOTT DR.
ST. CLOUD, FL 34771

New Mailing Address:

2013 MURCOTT DR.
SUITE A
ST. CLOUD, FL 34771

FEI Number: 26-1479259 **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:

MILLER, REGINA A
2013 MURCOTT DR
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

HASELDEN, CASSINE
2013 MURCOTT DR.
SUITE A
ST. CLOUD, FL 34771 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: CASSINE HASELDEN 06/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MRS. ( ) Delete
Name: LEONARD, SHERRY A TRES,
Address: 4785 JAY DR
City-St-Zip: ST. CLOUD, FL 34772

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change ( ) Addition
Name: LEONARD, SHERRY A TRES,
Address: 4785 JAY DR
City-St-Zip: ST. CLOUD, FL 34772 US

Title: MRS ( ) Change (X) Addition
Name: WAECHTER, SARAH A MEMBER
Address: 3020 SANDSTONE CIRCLE
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: MRS ( ) Change (X) Addition
Name: HICKS, STEPHANIE L MEMBER
Address: 5290 MILL STREAM RD
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: MRS ( ) Change (X) Addition
Name: GREINER, JAMI A MEMBER
Address: 6509 WELLE CT
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: MRS ( ) Change (X) Addition
Name: HASELDEN, CASSINE A MEMBER
Address: 1870 WILLOW CT
City-St-Zip: KISSIMMEE, FL 34744 US

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: CASSINE HASELDEN MRS 06/09/2009
Electronic Signature of Signing Officer or Director Date