

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000011136					
1. Entity Name TDF ELITE BOOSTER CLUB INC					
Principal Place of Business 7259 FOREST OAKS BLVD. SPRING HILL, FL 34606			Mailing Address 7259 FOREST OAKS BLVD. SPRING HILL, FL 34606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUER, DENISE 5046 BALDOCK AVENUE SPRING HILL, FL 34608			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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</small>			DATE 11/13/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WHITFIELD, TINA STREET ADDRESS 8101 APRIL COURT CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE P NAME Edwards Tracy STREET ADDRESS 8349 Holly Tree drive CITY-ST-ZIP Brooksville FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME LAUER, LORETTA STREET ADDRESS 8192 PHILANTHELIC DR. CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Kane, Laura STREET ADDRESS 3062 Fisher Ave CITY-ST-ZIP Spring Hill FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CURCI-DEGARO, KATHERINE STREET ADDRESS 2251 GODFREY AVE. CITY-ST-ZIP SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete		TITLE S NAME Jones, Susan STREET ADDRESS 10056 Airy Oaks Ct. CITY-ST-ZIP Brooksville, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME BAUER, DENISE STREET ADDRESS 5046 BALDOCK AVENUE CITY-ST-ZIP SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete		TITLE T NAME Jones, Susan STREET ADDRESS 10056 Airy Oaks Ct. CITY-ST-ZIP Brooksville FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 11/13/08 <small>Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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