

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012137

FILED
Mar 14, 2008
Secretary of State

Entity Name: LADY FALCONS BASKETBALL BOOSTER CLUB INC.

Current Principal Place of Business:

FLANAGAN HIGH SCHOOL
12800 TAFT ST.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 823244
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 77-0708167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTANA, ISMAEL
16568 NW 5TH STREET
PEMBROKE PINES,, FL 33028 US

Name and Address of New Registered Agent:

LASRADO, DESIREE
13725 NW 11TH ST.
PEMBROKE PINES,, FL 33028 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: DESIREE LASRADO

03/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTANA, ISMAEL
Address: P.O. BOX 823244
City-St-Zip: PEMBROKE PINES, FL 33082

Title: VP () Delete
Name: GORT, MAYDA
Address: P.O. BOX 823244
City-St-Zip: PEMBROKE PINES, FL 33082

Title: S () Delete
Name: WOOLVERTON, BARBARA
Address: P.O. BOX 823244
City-St-Zip: PEMBROKE PINES, FL 33082

Title: S () Delete
Name: LASRADO, DESIREE
Address: P.O. BOX 823244
City-St-Zip: PEMBROKE PINES, FL 33082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LASRADO, DESIREE
Address: P.O. BOX 823244
City-St-Zip: PEMBROKE PINES, FL 33082

Title: VP (X) Change () Addition
Name: FRYE, BARBARA
Address: P.O. BOX 823244
City-St-Zip: PEMBROKE PINES, FL 33082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JAWORSKI, PATRICIA
Address: P.O. BOX 823244
City-St-Zip: PEMBROKE PINES, FL 33082

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: DESIREE LASRADO

P

03/14/2008

Electronic Signature of Signing Officer or Director

Date