2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005267

FILED Feb 01, 2009 Secretary of State

Entity Name: PURPLE PRIDE BOOSTER CLUB INC.

Current Principal Place of Business: New Principal Place of Business: TAMPA BAY TURNERS GYMNASTICS AND SWIMMING 2301 26TH STREET NORTH ST PETERSBURG, FL 33713 **New Mailing Address: Current Mailing Address:** TAMPA BAY TURNERS GYMNASTICS AND SWIMMING 2301 26TH STREET NORTH ST PETERSBURG, FL 33713 FEI Number: 26-3112843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARGER, COLLEEN 2301 26TH STREET NORTH ST PETERSBURG, FL 33713 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAWTHORNE, CHRIS Name: Name: 11464 SAVANNAH LAKES DRIVE Address: Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition DEVRIES, JON Name: WOLFORD, BRICE Name: Address: 329 AURORA STREET EAST Address: 6206 FARTHING STREET City-St-Zip: VENICE, FL 34285 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: () Change () Addition HELLIER, KATIE Name: Name: 2209 SUNSET WAY Address: Address: ST PETERSBURG, FL 33706 City-St-Zip: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: DEVRIES, MARCIA Name: Address: 329 AURORA STREET EAST Address: City-St-Zip: VENICE, FL 34285 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: MARCIA DEVRIES TD 02/01/2009