

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005389

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CHS WRESTLING BOOSTERS, INC.

## Current Principal Place of Business:

CHILES HIGH SCHOOL  
7200 LAWTON CHILES LANE  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

## Current Mailing Address:

C/O JAMES MARSCHKA  
375 TALLY HILLS DRIVE  
MONTICELLO, FL 32344

## New Mailing Address:

FEI Number: 26-2956821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSCHKA, JAMES  
375 TALLY HILLS DRIVE  
MONTICELLO, FL 32344 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: MARSCHKA, JAMES  
Address: 375 TALLY HILLS DRIVE  
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete  
Name: COCKRELL, GUY  
Address: 10524 LAKE IAMONIA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: MOODY, MAGGIE  
Address: 2940 KERRY FOREST PARKWAY, SUITE 103  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: SCHINDLER, JACQUELINE  
Address: 3407 GALLANT FOX TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MAGGIE MOODY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date