2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000005892

Entity Name: WAKULLA WRESTLING BOOSTERS CLUB INC.

Current Principal Place of Business:

3237 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

3237 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327

New Mailing Address:

43 TIMBERWOOD CT.
CRAWFORDVILLE, FL 32327

FEI Number: 80-0200437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAINWRIGHT, JOHN M
15 SWEETWATER CIRCLE
CRAWFORDVILLE, FL 32327 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: ( ) 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:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. ( ) Change (X) Addition
Name: WAINWRIGHT, JOHN M
Address: 15 SWEETWATER CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MR. ( ) Change (X) Addition
Name: HINSEY, JOHN W
Address: 456 NEWLIGHT CHURCH RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MS. ( ) Change (X) Addition
Name: BROWN, MELANIE J
Address: 36 EDGEWOOD DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MS. ( ) Change (X) Addition
Name: DOUIN, KATHLEEN J
Address: 79 ONEALS WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MS. ( ) Change (X) Addition
Name: SMITH, TERRY L
Address: 43 TIMBERWOOD CT.
City-St-Zip: CRAWFORDVILLE, FL 32327

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: TERRY L. SMITH MS. 04/27/2009

Electronic Signature of Signing Officer or Director — Date