

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005892

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** WAKULLA WRESTLING BOOSTERS CLUB INC.

**Current Principal Place of Business:**

3237 COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

3237 COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32327 US

**Current Mailing Address:**

43 TIMBERWOOD CT.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

15 SWEETWATER CIRCLE  
CRAWFORDVILLE, FL 32327 US

**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:**

WAINWRIGHT, JONATHAN  
15 SWEETWATER CIRCLE  
CRAWFORDVILLE, FL 32327 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: JONATHAN WAINWRIGHT

01/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: WAINWRIGHT, JOHN M  
Address: 15 SWEETWATER CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MRS  
Name: MALIK, VALERIE J  
Address: 438 HICKORYWOOD DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby 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 all other like empowered.

SIGNATURE: VALERIE J. MALIK

MRS.

01/18/2010

Electronic Signature of Signing Officer or Director

Date