## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000011008

FILED May 04, 2009 Secretary of State

Entity Name: SOUTH LAKE FOOTBALL BOOSTER CORPORATION

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Current Principal Place of Business:		New Principal Place of Business:
	/ER EAGLE ROAD ND, DL 34736	
Current M	ailing Address:	New Mailing Address:
P.O. BOX ( GROVELA	897 ND, FL 34736	
In accordan	26-3914721 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) of receive the prior notice.  Name and Address of New Registered Agent:
	RYAN D LAKESHORE DRIVE IT, FL 34744 US	
	named entity submits this statement for the peof Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Ag	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete LANGLEY, RYAN D 15600 SILVER EAGLE ROAD GROVELAND, FL 34736	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SVD ( ) Delete MCGREGOR, JERRI L 15600 SILVER EAGLE ROAD GROVELAND, FL 34736	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete BOOTH, SHIRLEY E 15600 SILVER EAGLE ROAD GROVELAND, FL 34736	Title: TD (X) Change ( ) Addition Name: BOOTH, SHIRLEY A Address: 15600 SILVER EAGLE ROAD City-St-Zip: GROVELAND, FL 34736
Title: Name: Address: City-St-Zip:	D ( ) Delete BANKS, WALTER L 937 JAYHILL DRIVE MINNOELA, FL 34715	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: SHIRLEY A BOOTH TD 05/04/2009