

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002964

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** NEWSOME ICE WOLVES BOOSTER ASSOCIATION INC.

**Current Principal Place of Business:**

15209 KESTRELRISE DR.  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

15209 KESTRELRISE DR.  
LITHIA, FL 33547

**New Mailing Address:**

**FEI Number:** 27-2197237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VARGAS, LUIS JR  
15209 KESTRELRISE DRIVE  
LITHIA, FL 33547 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:** T  
**Name:** ERICKSON, SALLY A  
**Address:** 4806 SKIPPING STONE CT  
**City-St-Zip:** VALRICO, FL 33596 US

**Title:** P  
**Name:** WILLIS, KIM  
**Address:** 3509 SHADOWOOD DR  
**City-St-Zip:** LITHIA, FL 33596 US

**Title:** M  
**Name:** VARGAS, LORI  
**Address:** 15209 KESTRELRISE DRIVE  
**City-St-Zip:** LITHIA, FL 33547 US

**Title:** S  
**Name:** SMITH, BETH  
**Address:** 2525 REGAL RIVER ROAD  
**City-St-Zip:** VALRICO, FL 33596

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:** SALLY ERICKSON

T

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date