

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90021 036 ****61.25

DOCUMENT # N10605

1. Entity Name
KOWBOY BOOSTER CLUB, INC.



Principal Place of Business

P.O. BOX 421088
KISSIMMEE, FL 34742-8088

Mailing Address

P.O. BOX 421088
KISSIMMEE, FL 34742-8088

40069839



04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2623160

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATE, HOLLY
1810 KING EDWARD DR
KISSIMMEE, FL 34744

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Holly Pate
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATE, THOMAS
STREET ADDRESS 1810 KING EDWARD DR
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE VD
NAME ZIEGLER, JOYCE
STREET ADDRESS 14 WAGON CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE PD
NAME SINGLETON, JANE
STREET ADDRESS 1795 BIG OAK LANE
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Holly Pate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08
Date

Date

Daytime Phone #