

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002526

**FILED**  
**May 21, 2012**  
**Secretary of State**

**Entity Name:** FLAGLER LACROSSE BOOSTERS, INC.

**Current Principal Place of Business:**

1529 WEST MAIN STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

138 PALM COAST PKWY NE  
STE 283  
PALM COAST, FL 32137

**Current Mailing Address:**

1529 WEST MAIN STREET  
TAMPA, FL 33607

**New Mailing Address:**

138 PALM COAST PKWY NE  
STE 283  
PALM COAST, FL 32137

**FEI Number:** 27-3924573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EGGERT, WENDY  
138 PALM COAST PKWY NE  
SUITE 283  
PALM COAST, FL 32137 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:** PT  
**Name:** EGGERT, WENDY  
**Address:** 36 EDGEWATER DR  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** V  
**Name:** MATOS, ANGELA  
**Address:** 279 PARKVIEW DR  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** S  
**Name:** BROCK-HOOKER, BRENDA  
**Address:** 280 CR 35  
**City-St-Zip:** BUNNELL, FL 32110

**Title:** D  
**Name:** STEWART, CHRISTINE  
**Address:** 67 ROUND THORN DR  
**City-St-Zip:** PALM COAST, FL 32164

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:** WENDY EGGERT

PT

05/21/2012

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

\_\_\_\_\_  
Date