

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009142

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** WAKULLA CHRISTIAN SCHOOL BOOSTER CLUB INC.

**Current Principal Place of Business:**

1391 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

1391 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 27-3376086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTINEIRA, JENNIFER  
55 GOLD FINCH WAY  
CRAWFORDVILLE, FL 32327 US

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

JARMON, MIKE  
9 CRESTED EAGLE DR  
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: MIKE JARMON

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JARMON, MIKE  
Address: 9 CRESTED EAGLE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP  
Name: COOKSEY, GLORIA  
Address: 1036 BLOXHAM CUTOFF RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TRES  
Name: THOMAS, CYNTHIA  
Address: 637 HUNTERS TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SECR  
Name: BARWICK, ROMONA  
Address: 128 SAN MARCOS DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: MIKE JARMON

PRES

04/13/2012

Electronic Signature of Signing Officer or Director

Date