

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N11085

1. Entity Name
NPGC TEAM BOOSTERS, INC.



Principal Place of Business
C/O NAPLES PROGRESSIVE GYMNASTICS
3275 PINE RIDGE RD.
NAPLES, FL 34109

Mailing Address
C/O NAPLES PROGRESSIVE GYMNASTICS
3275 PINE RIDGE RD.
NAPLES, FL 34109



DO NOT WRITE IN THIS SPACE

03082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0137477

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

REINISCH, HELGA
3275 PINE RIDGE RD
NAPLES, FL 34109

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when renewing)

DATE

3-8-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000664090

03/22/07-80030-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
SPERRY, NATALIE
3275 PINE RIDGE RD
NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MACDONOUGH, ALICE
3275 PINE RIDGE RD
NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
REINISCH, HELGA
3275 PINE RIDGE RD
NAPLES, FL 34109

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-07

Date

239-598-3700

Daytime Phone #