
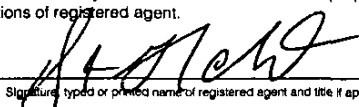
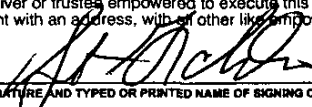


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 025 ****61.25

DOCUMENT # N24424 1. Entity Name LAKE GIBSON HIGH ATHLETIC BOOSTERS, INC.					
Principal Place of Business % RALPH GILCHREST, III 7007 N SOCRUM LOOP RD. LAKELAND, FL 33809 US			Mailing Address RALPH GILCHREST, III 7007 N SOCRUM LOOP RD. LAKELAND, FL 33809 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		06192006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-2288611	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILCHREST, RALPH 7007 N. SOCRUM LOOP RD LAKELAND, FL 33809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		Ralph A. Gilchrest, III		6/19/06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBEE, NEIL 13590 MOORE RD LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rudy Jorge 7527 Folk Way Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP LESTER, MIKE 252 RIDGEDALE DRIVE LAKELAND, FL 33809		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T KATZ, SCOTT 6948 ASHBERRY DRIVE LAKELAND, FL 33809		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S EVANS, BONNIE 15399 EVANS RANCH ROAD LAKELAND, FL 33809		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WEBB, TERRIE 1414 WALT WILLIAMS ROAD LAKELAND, FL 33809		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D BEALLS, RENEE 3543 MANOR LOOP LAKELAND, FL 33810		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S Rita Monopoli 1016 Meadowood Dr. Lakeland, FL 33809		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Jacquelyn Emerson 9309 Tom Costine Rd. Lakealnd, FL 33809		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Amy Nescavil 7045 Remington Oaks Loop Lakeland, FL 33809		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without other like empowered.					
SIGNATURE: 		Ralph A. Gilchrest, III		6/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	