

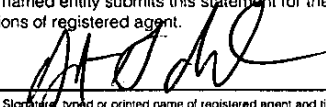
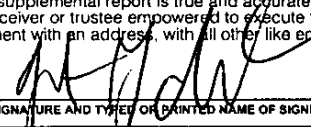


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90034 047 ****61.25

DOCUMENT # N24424 1. Entity Name LAKE GIBSON HIGH ATHLETIC BOOSTERS, INC.					
Principal Place of Business % RALPH GILCREST, III 7007 N SOCRUM LOOP RD. LAKELAND, FL 33809 US			Mailing Address RALPH GILCREST, III 7007 N SOCRUM LOOP RD. LAKELAND, FL 33809 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05132008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2288611	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GILCREST, 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. Gilcrest, III		5/13/08	
Filing Fee is \$61.25 Due by September 12, 2008		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 P NAME JORGE, RUDY STREET ADDRESS 7527 FOLK WAY CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jacquelyn Emerson STREET ADDRESS 9309 Tom Costine Rd. CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME EMERSON, JACKIE STREET ADDRESS 9309 TOM COSTINE RD CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Scott Heard STREET ADDRESS 9356 Bryant Rd. CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KATZ, SCOTT STREET ADDRESS 6948 ASHBERRY DRIVE CITY-ST-ZIP LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME EASTHAM, BRANDY STREET ADDRESS 126 LINDALE ST CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE S NAME Robin Katz STREET ADDRESS 7119 Morning Dove CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RICHARD, DAVE STREET ADDRESS 6738 ASHBURY DR CITY-ST-ZIP LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COMBEE, KEITH STREET ADDRESS 5415 SUNSET WAY N CITY-ST-ZIP LAKELAND, FL 33805	<input checked="" type="checkbox"/> Delete		TITLE D NAME Rudy Jorge STREET ADDRESS 7527 Folk Way CITY-ST-ZIP 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 all other like empowered.					
SIGNATURE: 			Ralph A. Gilcrest, III		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/13/08		
Daytime Phone #			863-853-6100		