

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24424

FILED
Jun 15, 2009
Secretary of State

Entity Name: LAKE GIBSON HIGH ATHLETIC BOOSTERS, INC.

Current Principal Place of Business:

% RALPH GILCHREST, III
7007 N SOCRUM LOOP RD.
LAKELAND, FL 33809 US

New Principal Place of Business:

Current Mailing Address:

RALPH GILCHREST, III
7007 N SOCRUM LOOP RD.
LAKELAND, FL 33809 US

New Mailing Address:

% RALPH GILCHREST, III
7007 N SOCRUM LOOP RD.
LAKELAND, FL 33809 US

FEI Number: 59-2288611 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILCHREST, RALPH
7007 N. SOCRUM LOOP RD
LAKELAND, FL 33809 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: P () Delete
Name: EMERSON, JACQUELYN
Address: 9309 TOM COSTINE RD.
City-St-Zip: LAKELAND, FL 33809

Title: VP () Delete
Name: FEARD, SCOTT
Address: 9356 BRYANT RD.
City-St-Zip: LAKELAND, FL 33809

Title: T () Delete
Name: KATZ, SCOTT
Address: 6948 ASHBERRY DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: S () Delete
Name: KATZ, ROBIN
Address: 7119 MORNING DOVE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: RICHARD, DAVE
Address: 6738 ASHBURY DR
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: JORGE, RUDY
Address: 7527 FOLK WAY
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEARD, SCOTT
Address: 9356 BRYANT RD.
City-St-Zip: LAKELAND, FL 33809

Title: VP (X) Change () Addition
Name: POLING, MIKE
Address: 628 HUNTERS RUN BLVD.
City-St-Zip: LAKELAND, FL 33809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EMERSON, JACQUELYN
Address: 9309 TOM COSTINE RD.
City-St-Zip: LAKELAND, FL 33809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACQUELYN EMERSON

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date