


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90012 022 ****61.25

DOCUMENT # N39038					
1. Entity Name LELY ACADEMIC BOOSTERS CLUB, INC.					
Principal Place of Business LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES, FL 34113 US		Mailing Address LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES, FL 34113 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0199076	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, TAMMY LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES, FL 34113			Name <i>Rodriguez, Tammy</i> Street Address (P.O. Box Number is Not Acceptable) <i>- Same -</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, TAMMY	NAME			
STREET ADDRESS	LELY H.S. BLVD. #1	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEPHENS, ANGELA	NAME	<i>MARY CARUSO</i>		
STREET ADDRESS	638 BIMINI AVE	STREET ADDRESS	<i>736 PLANTATION COURT</i>		
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	<i>MARCO ISLAND, FL 34145</i>		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEWIS, CHRIS	NAME	<i>SUSAN BUCKLEY</i>		
STREET ADDRESS	524 AUGUSTA BLVD, C202	STREET ADDRESS	<i>6378 ADKINS AVENUE</i>		
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	<i>NAPLES, FL 34112</i>		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, MARY	NAME			
STREET ADDRESS	681 15TH STREET NW	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOKELA, LINDA	NAME	<i>CINDY IMM</i>		
STREET ADDRESS	4633 LAKEWOOD BLVD	STREET ADDRESS	<i>1306 BAYPORT AVENUE</i>		
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	<i>MARCO ISLAND, FL 34145</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Cindy Imm</i>		CINDY L. IMM		7/18/07 239-377-0436	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TREASURER		Date Daytime Phone #	