


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 021 ****61.25

DOCUMENT # N40472 1. Entity Name UMATILLA BULLDOG BOOSTERS, INC.					
Principal Place of Business UMATILLA HIGH SCHOOL 320 N. TROWELL AVE UMATILLA, FL 32784 US			Mailing Address UMATILLA HIGH SCHOOL 320 N. TROWELL AVE UMATILLA, FL 32784 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KROULIKE, DOUG 215 LORI COURT UMATILLA, FL 32784				7. Name and Address of New Registered Agent Name <u>James Clements</u> Street Address (P.O. Box Number is Not Acceptable) <u>20038 S East 155th Street</u> City <u>Umatilla</u> FL <u>32784</u>	
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 <u>James I. Clements</u> DATE <u>04/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	TD PATTERSON, CYNTHIA 42042 EAST LAKEVIEW DRIVE ALTOONA, FL 32702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROULIK, DOUG 215 LORI COURT UMATILLA, FL 32784	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kroulik Doug 215 Lori Court umatilla, FL 32784	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cynthia Chavis 24511 Loyd Str Astor, FL 32102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIA FARYNA 40323 Babb Rd umatilla, FL 32784	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Clements 20038 S. East 155th Street Umatilla, FL 32784	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kroulik Doug 215 Lori Court umatilla, FL 32784	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cynthia Chavis 24511 Loyd Str Astor, FL 32102	<input type="checkbox"/> Delete			
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: <u>James I. Clements</u> DATE <u>04/27/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					