

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 049 \*\*\*\*78.75

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N45439</b><br>1. Entity Name<br><b>BOOKER HIGH SCHOOL SPORTS BOOSTERS, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>3201 N ORANGE AVE<br/>SARASOTA, FL 34234</b>   |  |   | Mailing Address<br><b>3201 N ORANGE AVE<br/>SARASOTA, FL 34234</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country  | Zip   | Country  |   |  |
| <div style="display: flex; justify-content: space-between;"> <span>01242007    Chg-NP    CR2E037 (12/06)</span> </div>   |  |   |  |   |  |
| 4. FEI Number<br><b>59-2450001</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <b>A2</b> <b>\$8.75 Additional Fee Required</b>   |  |   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GILMORE, FRED<br/>4845 RILMA AVENUE<br/>SARASOTA, FL 34234</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 <span style="float: right;">1/25/07</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>DIXON, TOMMY<br>1901 GOLD AVENUE<br>SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>DVP</del> <b>TOMMY DIXON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1901 Gold Ave</b><br><b>SARASOTA, FL 34235</b>           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>BELDIN, PENNY<br>904 LEMONWOOD AVENUE<br>SARASOTA, FL 34207 <input checked="" type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>DS</del> <b>CYNTHIA DIXON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1901 Gold Ave</b><br><b>SARASOTA, FL 34235</b>          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>RASMUSSEN, CHRIS<br>4767 MAID MARIAN LANE<br>SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>DVP</del> <b>CARLA FOUGEROUSSE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2753 JAY PL AVE</b><br><b>SARASOTA, FL 34235</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>FOUGEROUSSE, CARLA<br>2753 JAN PLACE<br>SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>DT</del> <b>BETH STONER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4983 CEDAR CREEK WAY</b><br><b>SARASOTA, FL 34233</b>     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>DVP</del> <b>SHERRY PHILLIPS SMITH</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1909 Fern Ave</b><br><b>SARASOTA, FL 34235</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input 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: <span style="float: right;">1-25-07 941 782-7107</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |  |