## <sup>2</sup>2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## ED **DOCUMENT # N95000002751** 08 JUL 29 AM 9: 44 LABELLE LONGHORN BOOSTER CLUB, INC. CURETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 2335 ALICE STREET LABELLE, FL 33975 US LABELLE, FL 33935 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite. Apt. #, etc. 07172008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-4073079 City & State City & State Applied For Not Applicable Country Ζip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELVER, RALPH Street Address (P.O. Box Number is Not Acceptable) 301 WEST STATE ROAD 80 **SUITE 201** LABELLE, FL 33935 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change 🔀 Addition TITLE Detete TITLE Spence Hull RODRIGUEZ, RAMON JR NAME NAME 4025 Bishop Circle 2720 PHILLIPS RD STREET ADDRESS STREET ADDRESS LaBelle, FL 33935 LABELLE, FL 33935 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change X Addition PEQUENO, CHRISTY Debbie Alexander 450 S. Davis Street 490 KARA LYNN CT. STREET ADDRESS STREET ADDRESS LaBelle, FL 33935 CITY-ST-ZIP LABELLE, FL 33935 CITY - ST - ZIP ☐ Delete ☐ Change WHITED, LORI D NAME NAME 800133870998 08/01/08--01047--016 \*\*61 STREET ADDRESS 4509 SPRINGVIEW CIR STREET ADDRESS \*\*61,25 CITY-ST-ZIF LABELLE, FL 33935 CITY-ST-ZIP Delete ☐ Change Addition Juan Gaure 460 Grant Street NAME FIORE, ALEX NAME 15580 WINCHESTER AVE SW STREET ADDRESS STREET ADDRESS LaBelle, FL 33935 LABELLE, FL 33975 CITY+ST-ZIP CITY-ST-ZIP TITLE **Delete** TITLE Change Lori C. White 256 Clay Street RODRIGUEZ, RAMIRO NAME NAME STREET ADDRESS 5541 STATE RD 80 STREET ADDRESS LaBelle, FL 33935 CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-218 ☐ Delete TITLE TITLE Elmira Johnson 330 3rd Ave. Change NAME NAME STREET ADDRESS STREET ADDRESS LaBelle, FL 33935 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

**⊋**=21-08 863-673-4811 Lori D. Whited, Seg. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC Daylime Phone #

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered