

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005618

FILED
May 30, 2008
Secretary of State

Entity Name: TARPON BOOSTER CLUB, INC.

Current Principal Place of Business:

CHARLOTTE HIGH
1250 COOPER ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

133 SMALL STREET
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0637823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

BIEHL, DANNY L
1601 TAMIAMI TRAIL
PUNTA GORDA, FL 33950 US

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: D () Delete
Name: BIEHL, DANNY L
Address: 1601 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: HANNON, THOMAS W
Address: 3801 MAGNOLIA WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: KELLER, WALLACE
Address: 133 SMALL ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: TATE, JACK
Address: 800 SIDNEY TERRACE N.W.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WALLACE KELLER

D

05/30/2008

Electronic Signature of Signing Officer or Director

Date