

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000871

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: EAST LAKE EAGLES WRESTLING BOOSTERS, INC.

**Current Principal Place of Business:**

1300 SILVER EAGLE DR  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

2987 CYPRESS LAKES COURT  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 59-3263411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAZIER, JANE  
2987 CYPRESS LAKES COURT  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

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: PRES ( ) Delete  
Name: FRAZIER, DAVE  
Address: 2987 CYPRESS LAKES COURT  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TREA ( ) Delete  
Name: FRAZIER, JANE  
Address: 2987 CYPRESS LAKES COURT  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SEC ( ) Delete  
Name: LEONARD, VANESSA  
Address: 4148 ARANDCHAMP CIRCLE  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: COLLINS, PETER  
Address: 1831 MARILYN DRIVE  
City-St-Zip: CLEARWATER, FL 34619

Title: VP ( ) Delete  
Name: DOUGHERTY, DAVID  
Address: 2815 WILTSHIRE AVENUE  
City-St-Zip: PALM HARBOR, FL 34685

**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:

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: JANE FRAZIER

Electronic Signature of Signing Officer or Director

TREA

04/09/2009

Date