


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000973 1. Entity Name WINTER HAVEN BLUE DEVIL BOOSTER CLUB, INC.	
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Principal Place of Business 600 6TH STREET SE WINTER HAVEN, FL 33880	Mailing Address P O BOX 173 WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3432008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, JEANNE 150 LAMERAUX ROAD WINTER HAVEN, FL 33884
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IN THIS SPACE**

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 <i>Jeanne K Miller</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE <i>4/10/07</i> Secretary

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	U00000707054 04/24/07-80060-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APPELBOOM, MINDY 215 COLEMAN DRIVE SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, JEAN 150 LAMERAUX RD WINTER HAVEN, FL 33884
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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: <i>Mindy Appelboom</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>4/10/07</i> 863-604-5317 Daytime Phone #