

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -3 PM 4:49

DOCUMENT # N99000002011

1. Entity Name
LAWTON CHILES HIGH SCHOOL SPORTS BOOSTERS,
INC.



Principal Place of Business
~~XXXXXXXXXXXX~~
TALLAHASSEE, FL 32312

Mailing Address
~~XXXXXXXXXXXX~~
TALLAHASSEE, FL 32312

REINSTATEMENT 06



2. Principal Place of Business
7200 Lawton Chiles Lane
Suite, Apt. #, etc.

3. Mailing Address
7200 Lawton Chiles Lane
Suite, Apt. #, etc.

10162006 REIN-NP CR2E099 (11/05)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3573214

Applied For
Not Applicable

Zip
32312

Country
USA

Zip
32312

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, ALAN DR.
~~XXXXXXXXXXXX~~
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

7200 Lawton Chiles Lane

City Tallahassee

FL

Zip Code 32312

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

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BROWN, CHARLES
STREET ADDRESS 7200 LAWTON CHILES LN
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE President ☒ Change ☐ Addition
NAME Mike Lake
STREET ADDRESS 7200 Lawton Chiles Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE S ☒ Delete
NAME TRALEY, THOMAS
STREET ADDRESS 7200 LAWTON CHILES LN
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE Secretary ☒ Change ☐ Addition
NAME Bonifay Manahan
STREET ADDRESS 7200 Lawton Chiles Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE T ☒ Delete
NAME HAY, DOUG
STREET ADDRESS 7200 LAWTON CHILES LN
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE Treasurer ☒ Change ☐ Addition
NAME Becky Nicholas
STREET ADDRESS 7200 Lawton Chiles Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition
NAME Emma Guilarte
STREET ADDRESS 7200 Lawton Chiles Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/06

lake 10/16/06

644-2478

488-1756

500081504065
11/06/06--01001--002 **236.25