

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002011

FILED  
Jul 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7200 LAWTON CHILES LANE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

7200 LAWTON CHILES LANE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-3573214      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:**

COX, ALAN  
7200 LAWTON CHILES LANE  
TALLAHASSEE, FL 32312      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: D      ( ) Delete  
Name: COX, ALAN  
Address: 7200 LAWTON CHILES LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: LAMBERT, PAUL  
Address: 7200 LAWTON CHILES LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: SWANSON, LORI  
Address: 2982 UMBERLAND DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: P      ( ) Delete  
Name: LINGERFELT, MATT  
Address: 1358 ROBIN KAY ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T      ( ) Delete  
Name: BASS, CATHI  
Address: 1322 MANOR HOUSE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S      ( ) Delete  
Name: THEOBALD, BARB  
Address: 3208 HORSESHOE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

**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:

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: PAUL LAMBERT

D

07/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date