

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002355

FILED
Sep 07, 2005
Secretary of State

Entity Name: WELLINGTON LADIES' LACROSSE BOOSTERS, INC.

Current Principal Place of Business:

13870 COLUMBINE AVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

P.O. BOX 894
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

13870 COLUMBINE AVE
WELLINGTON, FL 33414 US

New Mailing Address:

P.O. BOX 894
LOXAHATCHEE, FL 33470 US

FEI Number: 65-0923084 **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:

TAGART, CARYN
13870 COLUMBINE AVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

Brint, Vickie
15360 DEHAVILLAND CT.
WELLINGTON, FL 33414 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: VICKIE BRINT

09/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAXTER, DAVE
Address: 13449 NORTHUMBER LAND
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MANDELL, LINDA
Address: 15310 MEADOWWOOD
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: JAWORSKI, HERMAN
Address: 12552 TYLERWOOD COURT
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: LOPEZ, MAGGY
Address: 14061 WELLINGTON TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: TAGART, CARYN
Address: 13870 COLUMBINE AVE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRINT, VICKIE
Address: P.O. BOX 894
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D (X) Change () Addition
Name: POZA, MIKE
Address: P.O. BOX 894
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D (X) Change () Addition
Name: BLOUIN, DAVE
Address: P.O. BOX 894
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S (X) Change () Addition
Name: CANONICA, FRANK
Address: P.O. BOX 894
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T (X) Change () Addition
Name: VASSALLO, MARYANN
Address: P.O. BOX 894
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Change (X) Addition
Name: SIEGEL, SHUKO
Address: P.O. BOX 894
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARYANN VASSALLO

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09/07/2005

Electronic Signature of Signing Officer or Director

Date