


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002355	
1. Entity Name WELLINGTON LADIES' LACROSSE BOOSTERS, INC.	

Principal Place of Business P.O. BOX 894 LOXAHATCHEE, FL 33470 US	Mailing Address P.O. BOX 894 LOXAHATCHEE, FL 33470 US
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02022006 No Chg-NP CRZE037 (11/05)

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4. FEI Number 65-0923084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRINT, VICKIE 15360 DEHAVILLAND CT. WELLINGTON, FL 33414
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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>Vickie Brint</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>2-2-06</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINT, VICKIE P.O. BOX 894 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POZA, MIKE P.O. BOX 894 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLOUIN, DAVE P.O. BOX 894 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANONICA, FRANK P.O. BOX 894 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASSALLO, MARYANN P.O. BOX 894 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, SHUKO P.O. BOX 894 LOXAHATCHEE, FL 33470

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02/22/06-80032-023 61.25

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>Vickie Brint, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>2-2-06</i> <small>Daytime Phone #</small>