FILED
Jun 12, 2003 8:00 am
Secretary of State
05-05-2003 91771 023 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002355

55047746

1. Entity Name
WELLINGTON LADIES' LACROSSE BOOSTERS, INC.

Principal Place of Business	Mailing Address
1141 NORTHUMBERLAND COURT WELLINGTON, FL 33414 US	1141 NORTHUMBERLAND COURT WELLINGTON, FL 33414 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13870 Columbine Ave	13870 Columbine Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State: Wellington FL
Zip: 33414 Country: US	Zip: 33414 Country: US

4. FEI Number: 65-0923084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CERASUOLO, ROSEMARY
1141 NORTHUMBERLAND COURT
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name: Taggart, Caryn
Street Address (P.O. Box Number is Not Acceptable): 13870 Columbine Ave
City: Wellington FL Zip Code: 33414

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: Caryn Taggart 6/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRADO, ISABEL 723 BLUEBERRY DRIVE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAVE BAXTER 13449 NORTHUMBERLAND WELLINGTON FL 33414	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANDELL, LINDA 15310 MEADOWWOOD WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAWORSKI, HERMAN 12552 TYLERWOOD COURT WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUIKSHANK, JAMES 14275 SNOWBERRY WELLINGTON, FL 33414	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MAGGY LOPEZ 14061 WELLINGTON TRACE WELLINGTON FL 33414	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CARYN TAGGART 13870 COLUMBINE AVE WELLINGTON FL 33414	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Caryn Taggart 5/01/03 561-798-3218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARYN TAGGART, TREASURER

May 01 03 08:09a William H. Hall 561-792-2388 p.1