

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016442

FILED
Apr 29, 2009
Secretary of State

Entity Name: APOLLO BOOSTER CLUB, INC.

Current Principal Place of Business:

2140 RANGE ROAD
UNIT G
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2140 RANGE ROAD
UNIT G
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 26-2108483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, KARL
2140 RANGE ROAD
UNIT G
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

BERENDT, GARY
2140 RANGE ROAD
UNIT G
CLEARWATER, FL 33765 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: GARY BERENDT

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LERCHENFELD, JEFF
Address: 2168 CYPRESS PT DR N.
City-St-Zip: CLEARWATER, FL 33763

Title: VP () Delete
Name: KELTON, NORMAN
Address: 658 HOUSE WREN CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: WAAG, KIM
Address: 119 WOODLAND CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP (X) Delete
Name: ATHERHOLT, TONY
Address: 70 MELROSE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SEC (X) Delete
Name: ROSENBAUM, STEPHANIE
Address: 858 WHIPPOORWILL DR
City-St-Zip: PALM HARBOR, FL 34683

Title: TRS (X) Delete
Name: BERENDT, GARY
Address: 2082 SWAN LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELTON, NORMAN
Address: 658 HOUSE WREN CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP (X) Change () Addition
Name: ATHERHOLT, ANTHONY
Address: 70 MELROSE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SEC (X) Change () Addition
Name: ROSENBAUM, STEPHANIE
Address: 858 WHIPPOORWILL DR
City-St-Zip: PALM HARBOR, FL 34683

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN KELTON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date