

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003555

**FILED**  
**Jan 26, 2015**  
**Secretary of State**  
**CC1481486218**

**Entity Name:** FLTNT BOOSTERS INC.

**Current Principal Place of Business:**

15837 HIDDEN LAKE CIR.  
CLERMONT, FL 34714

**Current Mailing Address:**

P.O. BOX 553  
GROVELAND, FL 34736

**FEI Number:** 46-5276479

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERA, RACHEL  
15837 HIDDEN LAKE CIR  
CLERMONT, FL 34711 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS, BARBIE  
Address 7725 PRETTY LAKE ROAD  
City-State-Zip: CLERMONT FL 34714

Title V  
Name COX, CHERYL  
Address 2550 CITRUS TOWER BLVD #9201  
City-State-Zip: CLERMONT FL 34711

Title T  
Name HORGESHIMER, SHEENA  
Address 2099 ANGUILLA AVE.  
City-State-Zip: CLERMONT FL 34711

Title S  
Name RIVERA, RACHEL  
Address 15837 HIDDEN LAKE CIR  
City-State-Zip: CLERMONT FL 34711

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARBIE WILLIAMS

**PRESIDENT**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date