

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 05, 2009  
Secretary of State**

DOCUMENT# N06000010139

Entity Name: EARNEST WARD SPORTS BOOSTER CLUB INC.

**Current Principal Place of Business:**

5291 PINE BARREN CH RD  
CENTURY, FL 32535

**New Principal Place of Business:**

**Current Mailing Address:**

5291 PINE BARREN CH RD  
CENTURY, FL 32535

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

WILLIAMS, CHARLES L  
5291 PINE BARREN CH RD  
CENTURY, FL 32535 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: WILLIAMS, CHARLES L  
Address: 5291 PINE BARREN CH RD  
City-St-Zip: CENTURY, FL 32535

Title: VP                      ( ) Delete  
Name: WILLIAMS, TED  
Address: 1441 ROLLING OAKS DRIVE  
City-St-Zip: MOLINO, FL 32577

Title: S                      ( ) Delete  
Name: MORRIS, JOANN  
Address: 8730 DAN HALL RD  
City-St-Zip: WALNUT HILL, FL 32568

Title: T                      ( ) Delete  
Name: CHAVERS, MELISSA  
Address: 6801 PINE FOREST RD  
City-St-Zip: WALNUT HILL, FL 32568

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: CHARLES WILLIAMS

PRES

02/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date