

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 12 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002064

1. Entity Name  
OVIEDO HIGH SCHOOL NJROTC BOOSTER CLUB, INC.



Principal Place of Business  
601 KING ST.  
OVIEDO, FL 32765

Mailing Address  
601 KING ST.  
OVIEDO, FL 32765

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10082007 REIN-NP CR2E099 (1/07)

4. FEI Number  
59-3633590

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NARDO, JOSEPH F ESQ.  
1191 NEWTON COURT  
WINTER SPRINGS, FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09 OCT 2007

FILE NOW!!! FEE IS \$61.25  
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KING, TIM  
STREET ADDRESS 4175 LAKE HARNEY CIRCLE  
CITY- ST- ZIP GENEVA, FL 32732 ☐ Delete

TITLE PD  
NAME Patti Maerz  
STREET ADDRESS 331 Palmetto St.  
CITY- ST- ZIP Oviedo, FL 32765 ☒ Change ☐ Addition

TITLE VP  
NAME DOWNS, HOLLY  
STREET ADDRESS 716 CARRIGAN WOODS TRAIL  
CITY- ST- ZIP OVIEDO, FL 32765 ☐ Delete

TITLE VP  
NAME Tony Pope  
STREET ADDRESS 1003 Alpuget Ave.  
CITY- ST- ZIP Oviedo, FL 32765 ☒ Change ☐ Addition

TITLE TD  
NAME LEENEN, PETRUS  
STREET ADDRESS 113 HANGING MOSS DRIVE  
CITY- ST- ZIP OVIEDO, FL 32765 ☐ Delete

TITLE TD  
NAME Tracy Weiss  
STREET ADDRESS 5648 N. Lake Jessup Ave  
CITY- ST- ZIP Oviedo, FL 32765 ☒ Change ☐ Addition

TITLE SD  
NAME HADLEY, CATHLEEN  
STREET ADDRESS 640 NEILE CT  
CITY- ST- ZIP OVIEDO, FL 32766 ☐ Delete

TITLE SD  
NAME Ann Stueker  
STREET ADDRESS 668 Citrus Ave.  
CITY- ST- ZIP Oviedo, FL 32765 ☒ Change ☐ Addition

TITLE MD  
NAME STONE, SUSAN  
STREET ADDRESS 867 ROYALWOOD LANE  
CITY- ST- ZIP OVIEDO, FL 32765 ☐ Delete

TITLE WM  
NAME Kelli Sessions  
STREET ADDRESS 668 Lamoka Ct  
CITY- ST- ZIP Winter Springs, FL 32708 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10-9-07 407-359-0096