FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90932 021 ****70.00

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

DOCUMENT # N0000002064

1. Entity Name



OVIEDO I	HIGH SCHOOL NJROTC BOOS	STER CLUB, INC.						
601 KING ST. 601		Mailing Address 601 KING ST. OVIEDO FL 32765	DI KING ST.					
2 Principal I	Place of Business	3. Mailing Address	-					
. Triticipari	Tace of dustriess	3. Walking Address			 	is ait aniis tarai absii	DOIRE AUISA ISOIL ADILO A	IMI UIUI MUUT
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3633590			pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Statu	us Desired	\$8.75 Ad	ditional
	6. Name and Address of Current R	legistered Agent		7. 1	Name and Addre	ss of New Regist	<u> </u>	
			Name	Name				
	Joseph F ESQ. Wton Court		Street Address		(P.O. Box Number is Not Acceptable)			
WINTER	SPRINGS FL 32708							
			City				FL Zip Cod	le
	e named entity submits this statement for	the purpose of changing its re	egistered office or	r registered ag	ent, or both, in the	e State of Florida.	I am familiar with,	and accept
ilie obliga	tions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signati	ure required when re	einstating)		DATE	
FILE NOW: FEE IS \$61.25		1	9. Election Campaign Financing Trust Fund Contribution.		00 May Be and to Fees		Check Payable Department of	
10.	OFFICERS AND DIRE	ECTORS	11.	ADDIT	IONS/CHANGES	TO OFFICERS A	ND DIRECTORS IN	l 10
TITLE	PO IEEE	Delete	TITLE				☐ Change	Addition
NAME STREET AODRESS	WESTBROOK, JEFF		NAME STREET ADDRESS_					
CITY-ST-ZIP	OVIEDO FL 32765	ر المستقدم المستقد المداد المستقد المستقد المستقد المستقدم المستقد ال	CITY-ST-ZIP		merinan series (🐾	والمناورة والمناورة المنطقة	marian de la companione d	
TITLE _	VD	☐ Delete	TITLE	PD			Change	Addition
NAME STREET ADDRESS	RUPING, ED 1080 MANIGAN AVE		NAME STREET ADDRESS	Ruper	y, Ed	v1.		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP	DVT&	MANIGAN DO FL	79745 29745		
TITLE	SD	□ Delete	TITLE	VP	00 10 0	<u> </u>	Change	Addition
NAME	PANTOLIANO, LORI		NAME	PANTO	ITANO, L	DRI		
STREET ADDRESS	1017 GWYN CIRCLE		STREET ADDRESS	1017	TANO L	ecle		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP	OVIEL	X) PC 30	2765		<u> </u>
TITLE NAME	TD Sanderson-Blue, B.J.	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	2087 WETBOURNE DR		STREET ADDRESS					
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	\$ D cc		C - 1	☐ Change	Addition
NAME			NAME CERCET ADDRESS	PONT	omante.	JAndy		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	OVIED	Westbo	32765	-	
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TITLE		☐ Delete	TITLE	WD			☐ Change	Addition
TITLE NAME		☐ Delete	TITLE NAME	MD	oc katt	hy 0	☐ Change	Addition
		☐ Delete		MD Rupt 1080 OVIE	ng, kati maning	hy Ave 32765	_ ,	Addition

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.

407-924-2584 **SIGNATURES**