

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# N00000005400

Entity Name: LAKE MARY HIGH SCHOOL NJROTC BOOSTER CLUB, INC.

Current Principal Place of Business:

655 LONGWOOD LAKE MARY RD.
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

655 LONGWOOD LAKE MARY RD.
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3664498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERTENBERGER, THOMAS
655 LONGWOOD LAKE MARY RD.
LAKE MARY, FL 32746 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: WEAVER, BRUCE
Address: 971 BUCKSAW PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: P () Delete
Name: WEAVER, DAWN
Address: 971 BUCKSAW PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: P () Delete
Name: SKUDERIN, KAREN
Address: 142 CLYDE AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: EDWARDS, LISA
Address: 2065 JUDITH PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Delete
Name: SIMMS, DONNA
Address: 242 MAIN ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Delete
Name: MORALES, ENA
Address: 1015 REGAL POINTE TERRACE APT 107
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDWARDS, LISA
Address: 2065 JUDITH PL
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change () Addition
Name: DESTEFANO, PAT
Address: 1760 GRANGE CIR
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change () Addition
Name: SCHWARTZ, JULIE
Address: 584 ESTATES PL
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Change () Addition
Name: KITTINGER, ADRIENNE
Address: 183 EXETER AVE
City-St-Zip: LONGWOOD, FL 32750

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: LISA EDWARDS

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date