2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005400

FILED Apr 25, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 655 LONGWOOD LAKE MARY RD. LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 655 LONGWOOD LAKE MARY RD. LAKE MARY, FL 32746 FEI Number: 59-3669498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WERTENBERGER, THOMAS 655 LONGWOOD LAKE MARY RD. LAKE MARY, FL 32746 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EDWARDS, LISA Name: Name: 2065 JUDITH PL Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DESTEFANO, PAT Name: FERNANDEZ, TANYA Address: 1760 GRANGE CIR Address: 803 SILVER ROSE CT. City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: (X) Change () Addition SCHWARTZ, JULIE GARRETT, KELLY Name: Name: 1538 GRACE LAKE CIRCLE Address: 584 ESTATES PL Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: () Change () Addition Name: KITTINGER, ADRIENNE Name: Address: 183 EXETER AVE Address: City-St-Zip: LONGWOOD, FL 32750 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 04/25/2009