


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 047 ****70.00

DOCUMENT # N22533

1. Entity Name
BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business
**BLOOMINGDALE HIGH SCHOOL
 1700 BLOOMINGDALE AVE. E.
 VALRICO, FL 33594-6220 US**

Mailing Address
**BLOOMINGDALE HIGH SCHOOL
 1700 BLOOMINGDALE AVE. E.
 VALRICO, FL 33594-6220 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2836461

Applied For
 Not Applicable

Zip
33596

Country

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

6. Name and Address of Current Registered Agent

**DAVIS, BARRY
 1700 E. BLOMINGDALE AVE.
 VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name **Beasley, Steve**

Street Address (P.O. Box Numbers Not Acceptable)
1700 E. Bloomingdale Ave.

City **Valrico** FL Zip Code **33596**

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 **Steve W. Beasley** **Steve Beasley, President, 8/14/07**

(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEASLEY, STEVE 1700 BLOOMINGDALE AVE E VALRICO, FL 335946220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICHOLS, JERRY 1700 BLOOMINGDALE AVE E VALRICO, FL 335946220 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLD, TRISH 1700 BLOOMINGDALE AVE E VALRICO, FL 335946220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KONDO, BRAD 1700 BLOOMINGDALE AVE E VALRICO, FL 335946220 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33596-6220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD BROWN, MARY 1700 Bloomingdale Ave E Valrico, FL 33596-6220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33596-6220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Pedersen-Gae, Nancy 1700 Bloomingdale Ave. E Valrico, FL 33596-6220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Steve W. Beasley** **STEVEN W. BEASLEY** **8/14/07** **813-301-5747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #