2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N95000005198

Entity Name: SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.

Current Principal Place of Business:

8401 131ST ST. N.
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

8401 131ST. N.
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: 59-3341458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACCOLLOM, ELAINE R MRS.
8140 BAYHAVEN DR.
SEMINOLE, FL 33776 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: BLUETT, PATRICK
Address: 2334 CENTON LANE
City-St-Zip: LARGO, FL 33774 US

Title: VP ( ) Delete
Name: SWADA, ALAN
Address: 17053 DOLPHIN DR. N.
City-St-Zip: REDINGTON BEACH, FL 33708

Title: S ( ) Delete
Name: HEGG, KARLA
Address: 250 BATH CLUB BLVD. N.
City-St-Zip: REDINGTON BEACH, FL 33708

Title: T ( ) Delete
Name: MACCOLLOM, ELAINE
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SWADA, LORI
Address: 17053 DOLPHIN DR. N.
City-St-Zip: REDINGTON BEACH, FL 33708

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: ELAINE R. MACCOLLOM T 01/18/2009

Electronic Signature of Signing Officer or Director — Date