

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 28, 2008
Secretary of State**

DOCUMENT# N97000005179

Entity Name: PAUL R. WHARTON SR. HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business:

20150 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

20150 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3467400 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHARTON HIGH SCHOOL ATHLETIC BOOSTER CLUB
20150 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647 US

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: ROBERT F NELSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CORCORAN, STEVE
Address: 10214 THICKET PT. WAY
City-St-Zip: TAMPA, FL 33647

Title: P (X) Change () Addition
Name: NELSON, ROBERT
Address: 9333 WELLINGTON PARK CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: CORCORAN, LAURIE
Address: 10214 THICKET PT. WAY
City-St-Zip: TAMPA, FL 33647

Title: T (X) Change () Addition
Name: RUBIN, KELLY
Address: 18129 LONGWATER RUN
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: KOEHLER, BRUCE
Address: 3955 EAGLEFLIGHT LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Change () Addition
Name: KOEHLER, BRUCE
Address: 3955 EAGLEFLIGHT LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: () Delete
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: ENGLISH, PAULETTE
Address: 9415 HUNTER'S POND DR
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: BAILEY, JAMES
Address: 10234 ARBOR SIDE DR
City-St-Zip: TAMPA, FL 33647

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: ROBERT F. NELSON

PRES

10/28/2008

Electronic Signature of Signing Officer or Director

Date