

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005179

FILED
Apr 29, 2009
Secretary of State

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 ()**

Name and Address of Current Registered Agent:

WHARTON HIGH SCHOOL ATHLETIC BOOSTER CLUB
20150 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647 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: NELSON, ROBERT
Address: 9333 WELLINGTON PARK CIRCLE
City-St-Zip: TAMPA, FL 33647

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: NOLD, ALEXIS
Address: 9907 KINGSHYRE WAY
City-St-Zip: TAMP, FL 33647

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: KELLY L. RUBIN

T

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date