

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22533

FILED
Apr 21, 2005
Secretary of State

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

Current Principal Place of Business:

BLOOMINGDALE HIGH SCHOOL
1700 BLOOMINGDALE AVE. E.
VALRICO, FL 335946220 US

New Principal Place of Business:

Current Mailing Address:

BLOOMINGDALE HIGH SCHOOL
1700 BLOOMINGDALE AVE. E.
VALRICO, FL 335946220 US

New Mailing Address:

FEI Number: 59-2836461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BARRY
1700 E. BLOMINGDALE AVE.
VALRICO, FL 33594 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: PD () Delete
Name: BRYAN, STEVE
Address: 1700 BLOOMINGDALE AVE E
City-St-Zip: VALRICO, FL 335946220

Title: VD () Delete
Name: BEASLEY, STEVE
Address: 1700 BLOOMINGDALE AVE E
City-St-Zip: VALRICO, FL 335946220

Title: SD () Delete
Name: MILLER, EMMAJANE
Address: 1700 BLOOMINGDALE AVE E
City-St-Zip: VALRICO, FL 335946220

Title: TD () Delete
Name: KONDO, BRAD
Address: 1700 BLOOMINGDALE AVE E
City-St-Zip: VALRICO, FL 335946220

Title: D () Delete
Name: NICHOLS, JERRY
Address: 1700 BLOOMINGDALE AVE E
City-St-Zip: VALRICO, FL 335996220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: GOLD, TRISH
Address: 1700 BLOOMINGDALE AVE E
City-St-Zip: VALRICO, FL 335946220

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 for the exemption stated in Section 119.07(3)(i), 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: BRAD KONDO

TD

04/21/2005

Electronic Signature of Signing Officer or Director

Date