
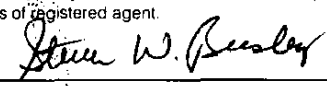
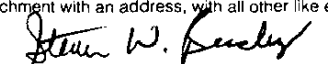


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip 33596 Country | | Zip 33596 Country | | 4. FEI Number 59-2836461 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DAVIS, BARRY 1700 E. BLOMINGDALE AVE. VALRICO, FL 33594 | | | Name Beasley, Steve Street Address (P.O. Box Number is 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 Beasley, President, 8/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33596-6220 | | |
| 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 | <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 | SD GOLD, TRISH 1700 BLOOMINGDALE AVE E VALRICO, FL 335946220 <input type="checkbox"/> Delete | 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 | TD KONDO, BRAD 1700 BLOOMINGDALE AVE E VALRICO, FL 335946220 <input checked="" type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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:  | | STEVEN W. BEASLEY | | 8/14/07 813-301-5747 <small>Date Daytime Phone #</small> | |