

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003038

FILED
Apr 26, 2009
Secretary of State

Entity Name: ASHTON PARENTS BOOSTERS, INC.

Current Principal Place of Business:

5110 ASHTON ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5110 ASHTON ROAD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0592120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, DONNA
5110 ASHTON ROAD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

DUNGAN, ANN
5110 ASHTON ROAD
SARASOTA, FL 34233 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: ANN DUNGAN

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ROGERS, GINA
Address: 5110 ASHTON ROAD
City-St-Zip: SARASOTA, FL 34233

Title: TD () Delete
Name: PADJET, CAROL
Address: 5110 ASHTON ROAD
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: STUDEBAKER, LAURA
Address: 5110 ASHTON RD
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: HUDSON, GEORGIA
Address: 5110 ASHTON RD
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: STROTH, STACEY
Address: 5110 ASHTON RD
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: FARB, GAIL
Address: 5110 ASHTON RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: STEBER, LAURA
Address: 5110 ASHTON ROAD
City-St-Zip: SARASOTA, FL 34233

Title: D (X) Change () Addition
Name: WHITTAKER, LISA
Address: 5110 ASHTON RD
City-St-Zip: SARASOTA, FL 34232

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

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: ANN DUNGAN

TD

04/26/2009

Electronic Signature of Signing Officer or Director

Date