2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22533

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

BLOOMINGDALE HIGH SCHOOL 1700 BLOOMINGDALE AVE. E. VALRICO, FL 33596 US

Current Mailing Address: New Mailing Address:

BLOOMINGDALE HIGH SCHOOL 1700 BLOOMINGDALE AVE. E. VALRICO, FL 33596 US

FEI Number: 59-2836461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEASLEY, STEVE ATHLETIC BOOSTER CLUB 1700 E. BLOMINGDALE AVE. 1700 E. BLOMINGDALE AVE. VALRICO, FL 33596 US VALRICO, FL 33596 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: NANCY E. PEDERSEN-GAC 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BEASLEY, STEVE
 Name:
 PEDERSEN-GAC, NANCY

 Address:
 1700 BLOOMINGDALE AVE E
 Address:
 1700 BLOOMINGDALE AVE E

 City-St-Zip:
 VALRICO, FL 33596
 VALRICO, FL 33596
 VALRICO, FL 33596

Title: VD () Delete Title: VD (X) Change () Addition

Name: BROWN, MARY Name: SABOURIN, KELLI

Address: 1700 BLOOMINGDALE AVE E Address: 1700 BLOOMINGDALE AVE E

City-St-Zip: VALRICO, FL 33596 City-St-Zip: VALRICO, FL 33596

Title: SD () Delete Title: () Change () Addition

 Name:
 GOLD, TRISH
 Name:

 Address:
 1700 BLOOMINGDALE AVE E
 Address:

 City-St-Zip:
 VALRICO, FL 33596
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

Name: PEDERSEN-GAC, NANCY Name: WALLACE, KIM

Address: 1700 BLOOMINGDALE AVE E Address: 1700 BLOOMINGDALE AVE E

 City-St-Zip:
 VALRICO, FL 33596
 City-St-Zip:
 VALRICO, FL 33596

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: NANCY E. PEDERSEN-GAC TDPD 04/29/2009