

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22533

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

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC2447657484**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2836461**

**Certificate of Status Desired: No**

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

ATHLETIC BOOSTER CLUB  
1700 E. BLOMINGDALE AVE.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            TD  
Name            WALLACE, KIM  
Address        1700 BLOOMINGDALE AVE E  
City-State-Zip: VALRICO FL 33596

Title            SD  
Name            PEDERSEN, NANCY  
Address        1700 BLOOMINGDALE AVE E  
City-State-Zip: VALRICO FL 33596

Title            PRESIDENT  
Name            WILSON, SHELLY  
Address        1700 BLOOMINGDALE AVE E  
City-State-Zip: VALRICO FL 33596

Title            VD  
Name            SMIGUEL, CHESTER  
Address        1700 BLOOMINGDALE AVE E  
City-State-Zip: VALRICO FL 33596

I hereby 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 all other like empowered.

**SIGNATURE: KIM WALLACE**

**TREASURER**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date