

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720344

FILED
Mar 08, 2009
Secretary of State

Entity Name: HURRICANE BOOSTERS, INC.

Current Principal Place of Business:

700 N. HIGHLAND ST.
MOUNT DORA, FL 32756

New Principal Place of Business:

Current Mailing Address:

PO BOX 696
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-3137503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTER, CLEMENT, LOWRY, DUNCAN
308 E. 5TH AVENUE
MT DORA, FL 32757 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: P () Delete
Name: SEABROOK, ALLAN
Address: PO BOX 696
City-St-Zip: MOUNT DORA, FL 32756

Title: V () Delete
Name: TIMMONS, CHRIS
Address: PO BOX 696
City-St-Zip: MOUNT DORA, FL 32756

Title: T () Delete
Name: ANDERSON, JODY A
Address: PO BOX 696
City-St-Zip: MOUNT DORA, FL 32756

Title: S () Delete
Name: HUDAK, JAMIE
Address: PO BOX 696
City-St-Zip: MOUNT DORA, FL 32756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'BRIEN, CHRIS
Address: PO BOX 696
City-St-Zip: MOUNT DORA, FL 32756

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

Title: T (X) Change () Addition
Name: DANIELS, KEITH
Address: PO BOX 696
City-St-Zip: MOUNT DORA, FL 32756

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: KEITH D DANIELS

T

03/08/2009

Electronic Signature of Signing Officer or Director

Date