

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721066

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE OVIEDO HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business:

601 KING ST.
OVIEDO, FL 32765106

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620693
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 23-7182929 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIFORD, ANGELA
1005 RIVIERA BLVD
OVIEDO, FL 32765 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: PR () Delete
Name: WILLIFORD, ANGELA
Address: 1005 RIVIERA BLVD
City-St-Zip: OVIEDO, FL 32765

Title: 1VP () Delete
Name: RADCLIFF, KAREN
Address: 1189 HOLLOW PINE DR.
City-St-Zip: OVIEDO, FL 32765

Title: 2VP () Delete
Name: MAXFIELD, JENNIFER
Address: 1088 OLD COVENTRY COURT
City-St-Zip: OVIEDO, FL 32765

Title: TREA () Delete
Name: HOOVER, LORI
Address: 648 LONG LAKE DR.
City-St-Zip: OVIEDO, FL 32765

Title: SEC () Delete
Name: MORRIS, LISA
Address: 5880 BEAR STONE RUN
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: JONES, TIMOTHY
Address: 452 KING STREET
City-St-Zip: OVIEDO, FL 32765

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

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

Title: TREA (X) Change () Addition
Name: WILSON, JAMES
Address: 1925 WESTBOURNE DRIVE
City-St-Zip: OVIEDO, FL 32765

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: JAMES WILSON

TREA

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date