

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 09, 2009
Secretary of State

DOCUMENT# 732118

Entity Name: LAND O' LAKES JUNIOR-SENIOR HIGH BOOSTER CLUB, INC.**Current Principal Place of Business:**20325 GATOR LANE
LAND O LAKES, FL 34639**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 67
LAND O LAKES, FL 34639**New Mailing Address:****FEI Number:** 59-3271275**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BULLARD, F TIMOTHY
20325 GATOR LANE
LAND O LAKES, FL 34639 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:** DP () Delete
Name: CONNOR, MICHAEL
Address: 20325 GATOR LANE
City-St-Zip: LAND O LAKES, FL 34639**Title:** DT () Delete
Name: BOLTON, JENNIFER
Address: 21425 CLUBSIDE LOOP
City-St-Zip: LUTZ, FL 33549**Title:** DVP () Delete
Name: CARPENTER, STEVE
Address: 3143 LAKE PADGETT DRIVE
City-St-Zip: LUTZ, FL 34639**Title:** D () Delete
Name: MOEHLE, CHARLES F
Address: 20325 GATOR LN
City-St-Zip: LAND O LAKES, FL 34639**Title:** DS (X) Delete
Name: SMITH, LAURA
Address: 4103 MARLOW LOOP
City-St-Zip: LAND O LAKES, FL 34639**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVP (X) Change () Addition
Name: MOORE, JAMES M
Address: 4358 WHITTNER DR
City-St-Zip: LAND O LAKES, FL 34639**Title:** DS (X) Change () Addition
Name: HARRIS, DARLENE
Address: 22543 WILLOW LAKES DR
City-St-Zip: LUTZ, FL 33549**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: JENNIFER J BOLTON

DTRE

06/09/2009

Electronic Signature of Signing Officer or Director

Date