2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#735593

FILED Apr 24, 2009 Secretary of State

Entity Name: THE TEAGUE CHORAL BOOSTERS, INC.

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

1350 MCNEIL RD

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

1350 MCNEIL RD

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

DAWN, FARCASI FARSACI, DAWN L V 1350 MCNEIL RD. 1350 MCNEIL RD.

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 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: DAWN FARSACI 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: V () Delete Title: V (X) Change () Addition

 Name:
 FARACASI, DAWN
 Name:
 FARSACI, DAWN L V

 Address:
 1350 MCNEIL RD.
 Address:
 1350 MCNEIL RD.

City-St-Zip: ALTAMONTE SPGS, FL 32714 City-St-Zip: ALTAMONTE SPGS, FL 32714

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

 Name:
 ALL, MARITZA
 Name:
 BORRELLI, LORRAINE

 Address:
 3885 EMERALD ESTATES
 Address:
 234 CAMBRIDGE DR

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 LONGWOOD, FL 32779

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

 Name:
 LUCAS, YAROSLAWA
 Name:

 Address:
 164 HOLDERNESS DR
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 MCDEVITT, JOANNE
 Name:
 GREEN, KATHIE

 Address:
 960 ST CROIX AVE
 Address:
 258 LAKAY PL

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 LONGWOOD, FL 32779

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: DAWN FARSACI V 04/24/2009