2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 757307

Entity Name: LAKE MARY HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.

Current Principal Place of Business:

655 LONGWOOD LAKE MARY RD.
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

655 LONGWOOD LAKE MARY RD.
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3270247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, FRANK
655 LONGWOOD LAKE MARY RD.
LAKE MARY, FL 32746 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:	TOOLE, ANGIE	
Address:	169 CLYDE AVENUE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	T	( ) Delete
Name:	CHAMBERLAIN, TARA	
Address:	556 HOLBROOK CR	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	S	( ) Delete
Name:	HEISELMAN, JENNI	
Address:	537 RIDGELINE RUN	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	V	( ) Delete
Name:	SEAGRAVES, SHELIA	
Address:	418 PALM CREST LANE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	KARNS, BOYD E	
Address:	655 LONGWOOD LAKE MARY RD.	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	SCHWARTZ, FRANK	
Address:	655 LONGWOOD LAKE MARY RD.	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TARA CHAMBERLAIN T 04/30/2007

Electronic Signature of Signing Officer or Director — Date