2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 766448

Entity Name: NATIONAL HIGH SCHOOL SPORTS INSTITUTE, INC.

Current Principal Place of Business:

2009 BAIHLY ESTATES LN SW
ROCHESTER, MN 55902

New Principal Place of Business:

Current Mailing Address:

PO BOX 5921
ROCHESTER, MN 55903 US

New Mailing Address:

FEI Number: 59-2637106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROKES, DONALD
507 ISLAND WAY
CLEARWATER, FL 33767 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:	WOOD, ROBERT	
Address:	32 MOSSY OAK TRAIL	
City-St-Zip:	JACKSON, TN 38305	
Title:	S	( ) Delete
Name:	KINNEY, SARA	
Address:	212 EAST LAKESHORE DRIVE	
City-St-Zip:	EDELSTEIN, IL 61526	
Title:	V	( ) Delete
Name:	HOLLOWAY, KATHY	
Address:	2046 HWY. 457	
City-St-Zip:	LECOMPTE, LA 71346	
Title:	C	( ) Delete
Name:	MAKOWICHI, GARY	
Address:	305 BROADWAY	
City-St-Zip:	NORWICH, CT 06360	
Title:	D	( ) Delete
Name:	GARRY, JEROME B	
Address:	2009 BAIHLY ESTATES LN SE	
City-St-Zip:	ROCHESTER, MN 55902	
Title:	C	( ) Delete
Name:	PROKES, DONALD	
Address:	507 ISLAND WAY	
City-St-Zip:	CLEARWATER, FL 33767	

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:	D	(X) Change ( ) Addition
Name:	GARRY, JEROME B	
Address:	2009 BAIHLY ESTATES LN SW	
City-St-Zip:	ROCHESTER, MN 55902	
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: JEROME B. GARRY D 01/07/2009

Electronic Signature of Signing Officer or Director — Date