2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000752

FILED Mar 23, 2009 Secretary of State

Entity Name: JOHN HOPKINS THESPIAN BOOSTER CLUB, INC.

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

701 16TH STREET SOUTH SAINT PETERSBURG, FL 33705

Current Mailing Address: New Mailing Address:

701 16TH STREET SOUTH SAINT PETERSBURG, FL 33705

FEI Number: 59-3623033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROGOWSKI, & KOCH 100 S ASHLEY SUITE 1290 TAMPA, FL 33602 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:

Flateric Constant of Devictor of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: JOHNSON, SANDRA Name: CONNORS, ANGIE Address: 875 ADDISON DR NE Address: 755 25TH AVE. N

City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD () Delete Title: VP (X) Change () Addition Name: PEREZ, RACHEL Name: WELLER, ANN

 Address:
 4797 26TH AVE N
 Address:
 6697 27TH WAY. N

 City-St-Zip:
 SAINT PETERSBURG, FL 33711
 City-St-Zip:
 SAINT PETERSBURG, FL 33702

Title: TD () Delete Title: TREA (X) Change () Addition Name: ARGIRO, MARK Name: ANDERSON, JAY

 Address:
 5020 15TH AVE N
 Address:
 202 PASS A GRILLE WAY

 City-St-Zip:
 SAINT PETERSBURG, FL 33710
 City-St-Zip:
 SAINT PETE BEACH, FL 33706

Title: VP () Delete Title: S (X) Change () Addition

Name:KORSON, LISA MARIEName:WOOD, TINAAddress:433 ROTARY PLACE NEAddress:5322 14TH AVE. SCity-St-Zip:SAINT PETERSBURG, FL 33716City-St-Zip:GULFPORT, FL 33707

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: JAY ANDERSON TREA 03/23/2009