

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002064

FILED
Apr 23, 2006
Secretary of State

Entity Name: OVIEDO HIGH SCHOOL NJROTC BOOSTER CLUB, INC.

Current Principal Place of Business:

601 KING ST.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

601 KING ST.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3633590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARDO, JOSEPH F ESQ.
1191 NEWTON COURT
WINTER SPRINGS, FL 32708 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: PD () Delete
Name: KING, TIM
Address: 4175 LAKE HARNEY CIRCLE
City-St-Zip: GENEVA, FL 32732

Title: VP () Delete
Name: PANTOLIANO, LORI
Address: 1017 GWYN CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: LEENEN, PETRUS
Address: 113 HANGING MOSS DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: BESAW, JENNY
Address: 2534 DOUBLE TREE PL
City-St-Zip: OVIEDO, FL 32766

Title: MD () Delete
Name: HUGHES, SANDY
Address: 1066 BIG OAKS BLVD
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DOWNS, HOLLY
Address: 716 CARRIGAN WOODS TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HADLEY, CATHLEEN
Address: 640 NEILE CT
City-St-Zip: OVIEDO, FL 32766

Title: MD (X) Change () Addition
Name: STONE, SUSAN
Address: 867 ROYALWOOD LANE
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: PETRUS LEENEN

TD

04/23/2006

Electronic Signature of Signing Officer or Director

Date