

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 08, 2009
Secretary of State

DOCUMENT# N00000002064

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 (X)****Name and Address of Current Registered Agent:**WESS, TRACY L TD
568 N. LAKE JESSUP AVE
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**NARDO, JOSEPH F ESQ
1191 NEWTON CT.
WINTER SPRINGS, FL 32708 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: JOSEPH F. NARDO

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAERZ, PATTI
Address: 331 PALMETTO ST.
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: POPE, TONY
Address: 1003 ALPUG AVE.
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: WESS, TRACY
Address: 568 LAKE JESSUP AVE.
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: STUEBER, ANN
Address: 668 CITRUS AVE.
City-St-Zip: OVIEDO, FL 32765

Title: WM () Delete
Name: SESSIONS, KELLI
Address: 668 LAMOKA CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SESSIONS, KELLI A
Address: 171 OVERLOOK DRIVE
City-St-Zip: CHULUOTA, FL 32766

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

Title: TRES (X) Change () Addition
Name: ELLIOTT, PATSY
Address: 4160 LAKE HARNEY CIRCLE
City-St-Zip: GENEVA, FL 32732

Title: SECT (X) Change () Addition
Name: POPE, DEBBIE
Address: 1003 ALPUG AVE.
City-St-Zip: OVIEDO, FL 32765

Title: WM (X) Change () Addition
Name: KORVAN, AMY
Address: 220 S. COCHRAN RD.
City-St-Zip: GENEVA, FL 32732

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: KELLI SESSIONS

PRES

05/08/2009

Electronic Signature of Signing Officer or Director

Date