

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005467

FILED
Apr 25, 2007
Secretary of State

Entity Name: LAKE MARY HIGH SCHOOL DRAMA BOOSTERS, INC.

Current Principal Place of Business:

655 LONGWOOD/LAKE MARY ROAD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

655 LONGWOOD/LAKE MARY ROAD
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3669730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801 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: D () Delete
Name: HANYAK, SANDRA L
Address: 583 RIDGELINE RUN
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: EHRMANTRAUT, LOREN
Address: 884 CHARING CROSS CIR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: ANDERSON, JENNIFER
Address: 885 W CHARING CROSS CIR
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete
Name: DENTON, LIZA
Address: 173 PINE ST.
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete
Name: HODIL, CATHI
Address: 221 BRIDLE PATH
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HODIL, CATHI
Address: 221 BRIDLE PATH
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Change () Addition
Name: EHRMANTRAUT, LOREN
Address: 608 MOURNING DOVE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: S (X) Change () Addition
Name: GOINGS, MELISSA
Address: 356 CLAREMONT RD
City-St-Zip: LAKE MARY, FL 32746

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: CATHI HODIL

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date