

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006914

FILED
Jan 16, 2009
Secretary of State

Entity Name: FORT WHITE HIGH SCHOOL SOCCER BOOSTERS, INC.

Current Principal Place of Business:

FORT WHITE HIGH SCHOOL
17828 STATE ROAD 47
FORT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 904
FORT WHITE, FL 32038

New Mailing Address:

FEI Number: 59-3681385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONORATI, JUDITH A
198 SW STILLVIEW GLEN
FORT WHITE, FL 32038 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: ONORATO, JUDITH
Address: POST OFFICE 904
City-St-Zip: FORT WHITE, FL 32038

Title: V () Delete
Name: BUNDY, STEPHANIE
Address: POST OFFICE BOX 904
City-St-Zip: FORT WHITE, FL 32038

Title: S () Delete
Name: HICKS, TRACEY
Address: POST OFFICE BOX 904
City-St-Zip: FORT WHITE, FL 32028

Title: T () Delete
Name: CONGI, DONNA M
Address: POST OFFICE 904
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: BLANCHARD, KAREN
Address: POST OFFICE BOX 904
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: BIRD, ANGIE
Address: POST OFFICE BOX 904
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HICKS, TRACEY
Address: POST OFFICE BOX 904
City-St-Zip: FORT WHITE, FL 32038

Title: S (X) Change () Addition
Name: DANIELS, DIANE
Address: POST OFFICE BOX 904
City-St-Zip: FORT WHITE, FL 32028

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

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: DONNA MACRAE CONGI

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date