

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001009

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** NJROTC, MKHS BOOSTER CLUB, INC.

**Current Principal Place of Business:**

1410 COUNTY LINE RD.  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1410 COUNTY LINE RD.  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WELP, WILLIAM  
1410 COUNTY LINE RD.  
MIAMI, FL 33179 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THORNE, ADRIANA  
Address: 21040 NE 5TH COURT  
City-St-Zip: MIAMI, FL 33179

Title: VD ( ) Delete  
Name: VILLALON, LUCIA  
Address: 21340 NW 8TH COURT  
City-St-Zip: MIAMI, FL 33179

Title: STD ( ) Delete  
Name: LEE, MARY  
Address: 16864 SW 49TH COURT  
City-St-Zip: MIRAMAR, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: WELP, LINDA  
Address: 7101 SW 20TH STREET  
City-St-Zip: PLANTATION, FL 33317

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: LINDA WELP

STD

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date