2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001009

City-St-Zip:

PLANTATION, FL 33317

FILED Feb 02, 2009 Secretary of State

Entity Nar	me: NJROTC, MKHS BOOSTER CLUB, INC	D.		
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
1410 COUNTY LINE RD. MIAMI, FL 33179		1410 COUNTY LINE RD. ATTN: NJROTC MIAMI, FL 33179		
Current M	ailing Address:	New Mailing Address:		
1410 COU MIAMI, FL	NTY LINE RD. 33179	1410 COUNTY LINE RD. ATTN: NJROTC MIAMI, FL 33179		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
WELP, WILLIAM 1410 COUNTY LINE RD. MIAMI, FL 33179 US		WELP, WILLIAM 1410 COUNTY LINE RD. ATTN:NJROTC MIAMI, FL 33179 US	1410 ČOUNTY LINE RD. ATTN:NJROTC	
The above in the State	named entity submits this statement for the perfection of Florida.	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:		02/02/2009	
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete THORNE, ADRIANA 21040 NE 5TH COURT MIAMI, FL 33179	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete VILLALON, LUCIA 21340 NW 8TH COURT MIAMI, FL 33179	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	STD () Delete WELP, LINDA 7101 SW 20TH STREET	Title: () Name: Address:	Change () Addition	

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.

City-St-Zip:

SIGNATURE: WILLIAM WELP, JR. SNSI 02/02/2009