

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N01000005299**

1. Entity Name  
NORTH PORT ATHLETIC BOOSTER CLUB, INC.



FILED

09 JUN 15 AM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200156333222

05/25/09--01001--012 \*\*297.50



**REINSTATEMENT** 08-09

Principal Place of Business  
6400 W PRICE BLVD  
NORTH PORT, FL 34286

Mailing Address  
6400 W PRICE BLVD  
NORTH PORT, FL 34286

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
65-1111040

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CARNEY, RICH  
6400 W PRICE BLVD  
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard McE...* DATE 05/14/09

(NOTE: Replaced Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAWLINGS, JOHN 6400 WEST PRICE BLVD. NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSHAW, NANCY 6400 WEST PRICE BLVD NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNETT, STEPHANIE 6400 WEST PRICE BLVD. NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATTIES, SAMANTHA D 6400 WEST PRICE BLVD. NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEY, RICH 6400 WEST PRICE BLVD. NORTH PORT, FL 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anthony J. Judge 6400 W. Price Blvd. North Port, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Holly Cooper 6400 W. Price Blvd. North Port, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lois Rose 6400 W. Price Blvd. North Port, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Antenne He 6400 W. Price Blvd. North Port, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/15