2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002494

FILED Sep 21, 2009 Secretary of State

Entity Name: FERNANDINA BEACH HIGH SCHOOL NAVY ROTC PARENT BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

435 CITRONA DR

FERNANDINA BCH, FL 32034

Current Mailing Address: New Mailing Address:

435 CITRONA DR

FERNANDINA BCH, FL 32034

FEI Number: 43-2047896 FEI Number Applied For () FEI Number Not Applicable () 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:

GREETIS, GREGPRY GREETIS, GREGORY 435 CITRONA DR 435 CITRONA DR

FERNANDINA, FL 32034 US FERNANDINA, FL 32034 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: GREGORYGREETIS 09/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

FERNANDINA, FL 32034

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FERNANDINA, FL 32034

Title: PD () Delete Title: PD (X) Change () Addition Name: DUBBERLY, JAMES Name: MILLEN, MARTHA

Address: 435 CITRONA DR Address: 305 NORTH 5TH STREET
City-St-Zip: FERNANDINA, FL 32034 City-St-Zip: FERNANDINA, FL 32034

Title: TD () Delete Title: TD (X) Change () Addition Name: BEACH, COLEEN Name: DUBBERLY, JAMES

Address: 861 PARK VIEW PLE. Address: 1570 CLINCH DR
City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete Title: SD (X) Change () Addition

 Title:
 SD () Delete
 Title:
 SD (X) Change (

 Name:
 BEACH, COLEEN
 Name:
 MARTIN, ANNE

 Address:
 861 PARK VIEW PLACE EAST
 Address:
 435 CITRONA DR

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: MARTHAV.MILLEN PRES 09/21/2009