

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001462

FILED
Apr 17, 2009
Secretary of State

Entity Name: POMPANO BEACH HIGH SCHOOL BOOSTER CLUB, INC.

Current Principal Place of Business:

600 NE 13TH AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

600 NE 13TH AVENUE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 11-3721555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, JOHANNA P
600 NE 13TH AVENUE
POMPANO BEACH, FL 33064 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: RS () Delete
Name: SCHARF, SHERRY
Address: 600 NE 13TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: CS () Delete
Name: WTHROW, MICHAEL
Address: 600 NE 13TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: STANWYK, JUDY
Address: 600 NE 13TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: CATANZARO, RICH
Address: 600 NE 13TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: P () Delete
Name: MARTINEZ, JOHANNA
Address: 800 NE 13TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Delete
Name: WRIGHT, JULIE
Address: 600 N E 13 AVE
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JULIE WRIGHT

TREA

04/17/2009

Electronic Signature of Signing Officer or Director

Date