2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N04000002699

Entity Name: AREA TALLAHASSEE AQUATIC CLUB BOOSTERS, INC.

Current Principal Place of Business:

1769 COPPERFIELD CIR
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1769 COPPERFIELD CIR
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 02-0718342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMBARDI, MICHAEL
1769 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312 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: PD ( ) Delete
Name: WILLIAMS, SARAH
Address: 5742 OWLS NEST RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete
Name: WILLIAMS, CRIS
Address: 5742 OWLS NEST RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: LOMBARDI, MICHAEL
Address: 1769 COPPERFIELD CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: SIMPSON, LISA
Address: 1348 LANDOVER PL
City-St-Zip: TALLAHASSEE, FL 32317

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:

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: LISA SIMPSON SD 03/11/2009

Electronic Signature of Signing Officer or Director — Date