


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90047 015 \*\*\*\*61.25  
 08-23-2005 90011 045 \*\*\*\*61.25

**DOCUMENT # N04000005174**

1. Entity Name  
 HARMONY HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business  
 3601 ARTHUR J GALLAGHER BLVD  
 HARMONY, FL 34771

Mailing Address  
 3601 ARTHUR J GALLAGHER BLVD  
 HARMONY, FL 34771

**50062906**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 3730 Kaiser Ave.  
 Suite, Apt. #, etc.

City & State  
 St. Cloud, FL

Zip  
 34772

Country  
 US

08152005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 68-0612926

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, DAN  
 3303 BRACKEN FERN DR  
 HARMONY, FL 34773

7. Name and Address of New Registered Agent

Name  
 Brenda Hair

Street Address (P.O. Box Number is Not Acceptable)  
 3730 Kaiser Ave.

City  
 St. Cloud

State  
 FL

Zip Code  
 34772

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 Brenda Hair - Treasurer DATE 8/16/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWES, STEVE 1725 JAN LAN BLVD ST CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAM, RONNIE 5000 ALLIGATOR LAKE RD ST CLOUD, FL 34772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAIR, BRENDA 3730 KAISER AVE ST CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURRY, DANIELLE 5840 DEER PK RD ST CLOUD, FL 34773 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MIZRAHI, VICKEY 1205 FETTERBUSH CT ST CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WEBER, JACKIE 2060 RUNNING HORSE TRAIL ST CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jackie Weber 2060 Running Horse Trail St. Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kathy Aines 1350 Beechwood Dr. St. Cloud, FL 34772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brenda Hair 3730 Kaiser Ave. St. Cloud, FL 34772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Lisa Breen 1715 Sunderland Dr. St. Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Paul Williams 3910 Currier Wood Road St. Cloud, FL 34772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brenda Hair DATE 8/16/05 407-908-9542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #