


'2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005174
 1. Entry Name
 HARMONY HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business Mailing Address
 3601 ARTHUR J GALLAGHER BLVD 3730 KAISER AVE
 HARMONY, FL 34771 SAINT CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 68-0612926 Not Applicable

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

6. Name and Address of Current Registered Agent
 HAIR, BRENDA
 3730 KAISER AVE
 SAINT CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE

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 4/10/06 DATE

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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, JACKIE 2060 KLENNING HORSE TRAIL SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAM, RONNIE 5000 ALLIGATOR LAKE RD ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAINES, KATHY 1350 BEECHWOOD DR SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAIR, BRENDA 3730 KAISER AVE SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BREEN, LISA 1715 SUNDANCE DR SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAMS, PAUL 3910 CUNIE CUEL ROAD SAINT CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE

U00000561882
 05/19/06-80032-017 61.25

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: Brenda Hair - Treasurer 4/10/06 407-908-9542 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR