

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Jun 17, 2008  
Secretary of State

DOCUMENT# N04000005174

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

**Current Principal Place of Business:**

3601 ARTHUR J GALLAGHER BLVD  
HARMONY, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

3730 KAISER AVE  
SAINT CLOUD, FL 34772

**New Mailing Address:**

P.O. BOX 7000463  
SAINT CLOUD, FL 34770

FEI Number: 68-0612926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HAIR, BRENDA  
3730 KAISER AVE  
SAINT CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

DRULLEY-BUBB, TAMARA L  
2767 SHANNIN DR.  
SAINT CLOUD, FL 34771 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: TAMARA L. DRULEY-BUBB

06/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEBER, JACKIE  
Address: 2060 KLENNING HORSE TRAIL  
City-St-Zip: SAINT CLOUD, FL 34771

Title: V ( ) Delete  
Name: BEAM, RONNIE  
Address: 5000 ALLIGATOR LAKE RD  
City-St-Zip: ST CLOUD, FL 34772

Title: S ( ) Delete  
Name: RAINES, KATHY  
Address: 1350 BEECHWOOD DR  
City-St-Zip: SAINT CLOUD, FL 34772

Title: T (X) Delete  
Name: HAIR, BRENDA  
Address: 3730 KAISER AVE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: C ( ) Delete  
Name: BREEN, LISA  
Address: 1715 SUNDANCE DR  
City-St-Zip: SAINT CLOUD, FL 34771

Title: C (X) Delete  
Name: WILLIAMS, PAUL  
Address: 3910 CUNIE CUEL ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: DRULEY-BUBB, TAMARA L  
Address: 2767 SHANNIN DR  
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP (X) Change ( ) Addition  
Name: HASINGS, MARY D  
Address: 3083 TINDALL ACRES RD  
City-St-Zip: KISSIMMEE, FL 34744

Title: T (X) Change ( ) Addition  
Name: THOMMEN, JACQUELYN  
Address: 6164 LAKE LIZZIE DR  
City-St-Zip: SAINT CLOUD, FL 34771

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

Title: MEMB (X) Change ( ) Addition  
Name: LYNN, DEBBIE A  
Address: 6955 MAVRICK TRAIL  
City-St-Zip: SAINT CLOUD, FL 34771

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: TAMARA L. DRULEY-BUBB

PRES

06/17/2008

Electronic Signature of Signing Officer or Director

Date