

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005174

FILED
Jan 09, 2009
Secretary of State

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:

P.O. BOX 7000463
SAINT CLOUD, FL 34770

New Mailing Address:

FEI Number: 68-0612926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRULLEY-BUBB, TAMARA L
2767 SHANNIN DR.
SAINT CLOUD, FL 34771 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: PRES () Delete
Name: DRULEY-BUBB, TAMARA L
Address: 2767 SHANNIN DR
City-St-Zip: SAINT CLOUD, FL 34771

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: SECR () Change (X) Addition
Name: CHARBONNEAU, DIANE S
Address: 4962 LAZY OAKS WAY
City-St-Zip: SAINT CLOUD, FL 34771

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

01/09/2009

Electronic Signature of Signing Officer or Director

Date