2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005911

FILED Apr 29, 2009 Secretary of State

Entity Name: LAKE HOWELL HIGH SCHOOL NJROTC BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 4200 DIKE ROAD NJROTC UNIT WINTER PARK, FL 32792 **New Mailing Address: Current Mailing Address:** PO BOX 123 GOLDENROD, FL 32733 US FEI Number: 20-1242027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POLLEY, DAVID CMDR 4200 DIKE ROAD WINTER PARK, FL 32792 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TAYLOR, DENISE MANNINO, DENISE H Name: Name: 1120 LOYOLA CT Address: 5915 BIG PINE CT Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: (X) Change () Addition DONALDSON, NANCY Name: WACHOB, CYNTHIA Name: Address: 3984 WATERVIEW LOOP Address: 1720 ASTER DRIVE City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792 Title: () Delete Title: (X) Change () Addition ARTRECHE, SANDRA K MARTIN, BARBARA Name: Name: 966 ENGLISH TOWN LN. APT 200 335 GOOSECREEK DRIVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: (X) Change () Addition THOMPSON, PHILIP Name: Name: LINDEMAN, SCOTT 1691 PINEHURST DR. 2872 SAND BLUFF COVE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: OVIEDO, FL 32765 Title: CEO () Delete Title: () Change () Addition POLLEY, DAVID Name: Name: 4200 DIKE ROAD Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: COMM () Change (X) Addition BROWN, SILVIA Name: Name: Address: Address: 9948 CAROLINA STREET OVIEDO, FL 32765 City-St-Zip: 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: SANDRA K. ARTRECHE S 04/29/2009