

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008212

FILED
Aug 31, 2007
Secretary of State

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

Current Principal Place of Business:

14410 COBRA WAY
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

14410 COBRA WAY
HUDSON, FL 34669 US

New Mailing Address:

FEI Number: 20-1532917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCQUADE, LINDA
14410 COBRA WAY
HUDSON, FL 34669 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: P () Delete
Name: RUSSO, HELEN
Address: 10329 RAINBOW OAKS DR.
City-St-Zip: HUDSON, FL 34667 US

Title: VP () Delete
Name: WILLETTE, MARIA
Address: 12402 PADDOCK LN
City-St-Zip: HUDSON, FL 34669 US

Title: T () Delete
Name: MURRAY, ELIZABETH
Address: 9437 DEBBIE LANE
City-St-Zip: HUDSON, FL 34669 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLETTE, MARIA
Address: 12402 PADDOCK LANE
City-St-Zip: HUDSON, FL 34669 US

Title: VP (X) Change () Addition
Name: PAONE, PAMELA
Address: 11235 TAMARIX
City-St-Zip: PORT RICHEY, FL 34668 US

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: ELIZABETH MURRAY

TREA

08/31/2007

Electronic Signature of Signing Officer or Director

Date