2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N05000005897

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

Current Principal Place of Business:

3225 LOCKWOOD BLVD
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

3225 LOCKWOOD BLVD
OVIEDO, FL 32765

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEARSEY, DAVID J
1370 HAMPSTEAD TERR
OVIEDO, FL 32765 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:	SD	( ) Delete
Name:	ANKLI, PATTI	
Address:	3225 LOCKWOOD BLVD	
City-St-Zip:	OVIEDO, FL 32765	
Title:	VPD	( ) Delete
Name:	HATTON, PATTI	
Address:	3225 LOCKWOOD BLVD	
City-St-Zip:	OVIEDO, FL 32765	
Title:	PD	( ) Delete
Name:	KURTZ, LAURIE	
Address:	1427 HAMPSTEAD TERRACE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	TD	( ) Delete
Name:	HEARSEY, DAVID	
Address:	1370 HAMPSTEAD TERRACE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	MOMARY, SAM	
Address:	3225 LOCKWOOD BLVD	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	BRYCE, CHRISTY T	
Address:	3225 LOCKWOOD BLVD	
City-St-Zip:	OVIEDO, FL 32765	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID HEARSEY TD 04/27/2009

Electronic Signature of Signing Officer or Director — Date