

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011892

FILED
May 13, 2009
Secretary of State

Entity Name: BOCA RATON HIGH SCHOOL LACROSSE, INC.

Current Principal Place of Business:

1099 NW 7TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1099 NW 7TH STREET
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-4094990 **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:

Name and Address of New Registered Agent:

HARVEY, LINDY
1099 NW 7TH STREET
BOCA RATON, FL 33486 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:

Title: P () Delete
Name: ALBECK, ROBERT
Address: 711 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33451

Title: VP () Delete
Name: LANG, DARLENE
Address: 2919 ALBATRESS ROAD
City-St-Zip: DELRAY BEACH, FL 33344

Title: T () Delete
Name: HARVEY, LINDY
Address: 1099 NW 7TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: 1SEC () Delete
Name: BROWNING, LORI
Address: 740 HIBISCUS STREET
City-St-Zip: BOCA RATON, FL 33486

Title: 2SEC () Delete
Name: ROSETHAL, PAM
Address: 5723 WINDRIF LANE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CECIL, AMY
Address: 3472 PINE HAVEN CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Change () Addition
Name: SHICKLES, MICHELLE
Address: 624 SUNSHINE DE
City-St-Zip: DELRAY BEACH, FL 33344

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

Title: VP (X) Change () Addition
Name: DINGLE, AMY
Address: 789 NE 39TH ST
City-St-Zip: BOCA RATON, FL 33431

Title: 1SEC (X) Change () Addition
Name: FOSTER, KAREN
Address: 1210 SW 26 AVE
City-St-Zip: BOYNTON BEACH, FL 33426

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: LINDY HARVEY

T

05/13/2009

Electronic Signature of Signing Officer or Director

Date