2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am **Secretary of State**

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SEBRING HIGH SCHOOL CHEER BOOSTERS, INC. 40004771 Principal Place of Business Mailing Address 435 S. COMMERCE AVE. 435 S. COMMERCE AVE. SEBRING, FL 33870 SEBRING, FL 33870 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 01102007 Cha-NP CR2E037 (12/06) 4. FEI Number 20-482/845 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANCOCK, TAMMY J. Street Address (P.O. Box Number is Not Acceptable) 435 S. COMMERCE AVE. SEBRING, FL 33870 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 / 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change Addition TITLE ☐ Delete TITLE HANCOCK, TAMMY J. NAME NAME 435 S. COMMERCE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 33870 ☐ Delete TITLE ☐ Change Addition TITI F BROWN, JUDY L. NAME NAME STREET ADDRESS STREET ADORESS 3607 VILLAGE RD. CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 33872 DT Change ☐ Defete TITLE ☐ Addition TITLE DEVANY, DARLYNE DEVANEY DARLENE NAME NAME 2206 Sunrise Drive STREET ADDRESS 2206 SUNRISE DR. STREET ADDRESS Jebring , FL 33872 CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE DS ROWE, JENNY NAME NAME STREET ADDRESS 731 ENTRADA AVE. STREET ADDRESS SEBRING, FL 33875 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE SHOEMAKER, CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 5600 LAFAYETTE AVE. CITY-ST-ZIP CITY-ST-7IP SEBRING, FL 33875 Change ☐ Addition ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS