2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N06000005056

Entity Name: SEBRING HIGH SCHOOL CHEER BOOSTERS, INC.

Current Principal Place of Business:

435 S. COMMERCE AVE.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

435 S. COMMERCE AVE.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-4821865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANCOCK, TAMMY J.
435 S. COMMERCE AVE.
SEBRING, FL 33870 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: DP ( ) Delete
Name: HANCOCK, TAMMY J.
Address: 435 S. COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: DT ( ) Delete
Name: DEVANEY, DARLYNE
Address: 2206 SUNRISE DR.
City-St-Zip: SEBRING, FL 33872

Title: DS ( ) Delete
Name: ROWE, JENNY
Address: 731 ENTRADA AVE.
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete
Name: SHOEMAKER, CAROLYN
Address: 5600 LAFAYETTE AVE.
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition
Name: QUARLES, TERRY
Address: 3514 KENILWORTH BOULEVARD
City-St-Zip: SEBRING, FL 33870

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: TAMMY J HANCOCK PRES 02/02/2009

Electronic Signature of Signing Officer or Director — Date