2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# N06000005725

Entity Name: AHS ATHLETIC BOOSTERS INC

Current Principal Place of Business:

1 BLOODHOUND TRAIL
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

1 BLOODHOUND TRAIL
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 20-4953984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOE, EARNEST
1 BLOODHOUND TRAIL
AUBURNDALE, FL 33823 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: TIDWELL, DARRELL L
Address: 2024 BRENTWOOD DR
City-St-Zip: AUBURNDALE, FL 33823

Title: VP ( ) Delete
Name: WALSH, VALERIE A
Address: 500 LAKE JULIANA DR
City-St-Zip: AUBURNDALE, FL 33823

Title: SECT ( ) Delete
Name: RICHARDSON, KAREN J
Address: 12 GOLFVIEW CIRCLE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: TREA ( ) Delete
Name: PATE, DWIGHT H
Address: 750 FISHER LANE
City-St-Zip: LAKE ALFRED, FL 33850

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DWIGHT H. PATE TREA 01/22/2007

Electronic Signature of Signing Officer or Director — Date