

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005725

FILED  
Jan 16, 2009  
Secretary of State

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:**

HILL, JOHN  
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: WALSH, VALERIE A  
Address: 500 LAKE JULIANA DR.  
City-St-Zip: AUBURNDALE, FL 33823

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

Title: SECT ( ) Delete  
Name: JONES, TAWN  
Address: 155 SOUTH GLENN AVE  
City-St-Zip: LAKE ALFRED, FL 33850

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: P (X) Change ( ) Addition  
Name: JONES, TAWN  
Address: 155 SOUTH GLENN AVE  
City-St-Zip: LAKE ALFRED, FL 33850

Title: VP (X) Change ( ) Addition  
Name: ALUMBAUGH, MELINDA  
Address: 4364 OLD BERKLEY ROAD  
City-St-Zip: AUBURNDALE, FL 33823

Title: SECT (X) Change ( ) Addition  
Name: MAYNARD, TERESA  
Address: 308 CENTER ST.  
City-St-Zip: AUBURNDALE, FL 33823

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: DWIGHT H. PATE

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date