

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005941

FILED
Sep 28, 2009
Secretary of State

Entity Name: ST. PETERSBURG HIGH SCHOOL FOOTBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

2501 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2501 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 20-4949193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

HAYES, GEORGE L III
4701 CENTRAL AVENUE
SUITE A
ST. PETERSBURG, FL 33713 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: GEORGE HAYES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWERS, CAROL
Address: 13820 88TH AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: VD () Delete
Name: CRAWFORD, STACY
Address: 2144 56TH AVENUE SOUTH #705
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD () Delete
Name: WINIECKI, TAMMY
Address: 12619 ROBYN COURT
City-St-Zip: LARGO, FL 33773

Title: SD () Delete
Name: LANE, SYLVIA
Address: 1408 72ND AVENUE NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: SMITH, LOUISE
Address: 4051 12TH STREET NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D () Delete
Name: TOWNSEND, LISA
Address: 634 61ST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: WRAY, ROBYN
Address: 135 28TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33704

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 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: ROBYN WRAY

TREA

09/28/2009

Electronic Signature of Signing Officer or Director

Date