

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008989

FILED  
Aug 31, 2009  
Secretary of State

**Entity Name:** ELHS FOOTBALL BOOSTERS, INC.

**Current Principal Place of Business:**

1300 SILVER EAGLE DR  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1300 SILVER EAGLE DR  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 20-5449715      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

HUDSON, ROBERT  
4808 YELLOWSTONE DR  
NEW PORT RICHEY, FL 34655      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: COLE, MAGGIE  
Address: 1300 SILVER EAGLE DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP      ( ) Delete  
Name: POSAVEC, MARLANA  
Address: 1300 SILVER EAGLE DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T      ( ) Delete  
Name: DEBOER, LYN  
Address: 1300 SILVER EAGLE DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S      ( ) Delete  
Name: JOHNSON, MARIANNE  
Address: 1300 SILVER EAGLE DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: M      ( ) Delete  
Name: SCHIAVO, KIMBERLY  
Address: 1300 SILVER EAGLE DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: M      ( ) Delete  
Name: HARDER, LISA  
Address: 1300 SILVER EAGLE DR  
City-St-Zip: TARPON SPRINGS, FL 34689

**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:

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: LYN DEBOER

TRES

08/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date