

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010088

FILED
Jun 18, 2007
Secretary of State

Entity Name: HARMONY HIGH BALLROOM BOOSTERS, INC.

Current Principal Place of Business:

3601 ARTHUR J. GALLAGHER BLVD.
HARMONY, FL 34771

New Principal Place of Business:

1134 NEW YORK AVE
SAINT CLOUD, FL 34769

Current Mailing Address:

3601 ARTHUR J. GALLAGHER BLVD.
HARMONY, FL 34771

New Mailing Address:

1134 NEW YORK AVE
SAINT CLOUD, FL 34769

FEI Number: 20-5612817 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:

HEMPHILL, JAMES C
1134 NEW YORK AVENUE
ST. CLOUD, FL 347693782 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: TYNER, LINDA
Address: 5695 BOUTIN LANE
City-St-Zip: ST. CLOUD, FL 34772

Title: VP () Delete
Name: KENNEDY, LORAIN
Address: 4170 QUAIL WOOD DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: TREA () Delete
Name: SCHWEIGER, MARYELLEN
Address: 3358 WEST SHORE DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: SEC () Delete
Name: WOLFE, JOANNE
Address: 3601 ARTHUR J. GALLAGHER BLVD.
City-St-Zip: HARMONY, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KENNEDY, LORAIN
Address: 4170 QUAIL WOOD DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: VP (X) Change () Addition
Name: SAURE, CHRISTINE
Address: 2447 SWEETWATER BLVD
City-St-Zip: ST. CLOUD, FL 34772

Title: TREA (X) Change () Addition
Name: SMITH, RHODA
Address: 2443 SWEETWATER BLVD
City-St-Zip: ST. CLOUD, FL 34772

Title: SEC (X) Change () Addition
Name: MAINES, REGINA
Address: 3545 DAWN AVE
City-St-Zip: KISSIMMEE, FL 34744

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: LORAIN KENNEDY

P

06/18/2007

Electronic Signature of Signing Officer or Director

_____ Date