

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010088

FILED
Apr 30, 2008
Secretary of State

Entity Name: HARMONY HIGH BALLROOM BOOSTERS, INC.

Current Principal Place of Business:

1134 NEW YORK AVE
SAINT CLOUD, FL 34769

New Principal Place of Business:

2443 SWEETWATER BLVD
SAINT CLOUD, FL 34772

Current Mailing Address:

1134 NEW YORK AVE
SAINT CLOUD, FL 34769

New Mailing Address:

2443 SWEETWATER BLVD
SAINT CLOUD, FL 34772

FEI Number: 20-5612817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: KENNEDY, LORAIN
Address: 4170 QUAIL WOOD DRIVE
City-St-Zip: ST. CLOUD, FL 34772

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

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

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

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 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: RHODA SMITH

TRES

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date