

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010088

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: HARMONY HIGH BALLROOM BOOSTERS, INC.

**Current Principal Place of Business:**

2443 SWEETWATER BLVD  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

4170 QUAIL WOOD DRIVE  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

2443 SWEETWATER BLVD  
SAINT CLOUD, FL 34772

**New Mailing Address:**

4170 QUAIL WOOD DRIVE  
SAINT CLOUD, FL 34772

FEI Number: 20-5612817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: VP (X) Change ( ) Addition  
Name: FSADNI, JOANNE  
Address: 3314 BRACKEN FERN DRIVE  
City-St-Zip: HARMONY, FL 34773

Title: TREA (X) Change ( ) Addition  
Name: SKAGGS, AMANDA  
Address: 4804 OAKWOOD DRIVE  
City-St-Zip: ST. CLOUD, FL 34772

Title: SEC (X) Change ( ) Addition  
Name: BASS, JILL  
Address: 4740 MILDRED BASS ROAD  
City-St-Zip: ST CLOUD, FL 34772

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

03/14/2009

Electronic Signature of Signing Officer or Director

Date