2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000010173

Title:

Name:

Address:

City-St-Zip:

TI FILED

May 08, 2007

Secretary of State

Entity Name: PIPER HIGH SCHOOL FOOTBALL BOOSTER ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8000 NW 44TH ST SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 9940 NW 44TH CT SUNRISE, FL 33351 FEI Number: 20-5676614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOISTMAN, TANIA 8000 NW 44TH ST SUNRISE, FL 33351 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CARR, TRACEY Name: Name: Address: 2851 NW 107 TERRACE Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WOISTMAN, TANIA Name: Address: 9940 NW 44TH CT Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: () Delete Title: (X) Change () Addition SMILEY, TANYA Name: BROWN, RENEE' Name: 1906 SW 82ND AVE Address: 2175 15TH CT Address: City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: NORTH LAUDERDALE, FL 33068

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TANIA WOISTMAN VP 05/08/2007

() Delete

CAPLAN, GENIECE

11720 NW 29 STREET

SUNRISE, FL 33323

(X) Change () Addition

THOMAS, MAUREEN

SUNRISE, FL 33322

10681 NW 28 PL