

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 19, 2009
Secretary of State

DOCUMENT# N06000010173

Entity Name: PIPER HIGH SCHOOL FOOTBALL BOOSTER ASSOCIATION, INC.**Current Principal Place of Business:**8000 NW 44TH ST
SUNRISE, FL 33351 US**New Principal Place of Business:****Current Mailing Address:**C/O 120 E. OAKLAND PARK BLVD.
SUITE 106
FT. LAUDERDALE, FL 333341106 US**New Mailing Address:**C/O 2101 NW 111TH AVE
SUNRISE, FL 33322 US**FEI Number:** 20-5676614**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMAS, MAUREEN A
120 E. OAKLAND PARK BLVD.
SUITE 106
FT. LAUDERDALE, FL 333341106 US**Name and Address of New Registered Agent:**NAU, SARAH E
2101 NW 111TH AVE
SUNRISE, FL 33322 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: SARAH NAU

08/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENNINGS, BIANCA
Address: 8425 N. CORAL CIRCLE
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VPD () Delete
Name: HOGAN, BILL
Address: 11941 N.W. 42ND STREET
City-St-Zip: SUNRISE, FL 33323 US

Title: SD () Delete
Name: KOCH, DIANE
Address: 11860 N.W. 39TH STREET
City-St-Zip: SUNRISE, FL 33323 US

Title: TD () Delete
Name: PETERSON, KAREN
Address: 5307 N.W. 93RD AVENUE
City-St-Zip: SUNRISE, FL 33351 US

Title: D (X) Delete
Name: THOMAS, MAUREEN
Address: 10681 N.W. 28TH PLACE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOGAN, BILL
Address: 11941 N.W. 42ND STREET
City-St-Zip: SUNRISE, FL 33323 US

Title: VPD (X) Change () Addition
Name: NAU, SARAH
Address: 2101 NW 111TH AVE
City-St-Zip: SUNRISE, FL 33322 US

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: SARAH NAU

VP

08/19/2009

Electronic Signature of Signing Officer or Director

Date