2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N06000010796

Entity Name: N.S.B. HIGH SCHOOL DUGOUT CLUB, INC.

Current Principal Place of Business:

2217 SWOOPE DR.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 635
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 20-5844996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, R. ALAN
2217 SWOOPE DR.
NEW SMYRNA BEACH, FL 32168 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: DP ( ) Delete
Name: WRIGHT, PAUL J.
Address: 880 CORBIN PARK RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DV ( ) Delete
Name: WEAVER, R. ALAN
Address: 2217 SWOOPE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS ( ) Delete
Name: SOPOTNICK, JOSEPH A.
Address: 2713 ROYAL PALM DR.
City-St-Zip: EDGEWATER, FL 32141

Title: DT (X) Delete
Name: PARRIS, DONNA E.
Address: 2000 S. AIR PARK RD.
City-St-Zip: EDGEWATER, FL 32141

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: R ALAN WEAVER DV 04/23/2009
Electronic Signature of Signing Officer or Director — Date