2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011874

FILED Apr 25, 2008 Secretary of State

Entity Name: ST. LUCIE WEST CENTENNIAL HIGH SCHOOL NJROTC CADET PARENT ORGANIZATION INC.

Current Principal Place of Business: New Principal Place of Business:

1485 CASHMERE BLVD NJROTC UNIT PORT ST LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

1485 CASHMERE BLVD NJROTC UNIT PORT ST LUCIE, FL 34986

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAGGARD, ROSS 1485 CASHMERE BLVD PORT ST LUCIE, FL 34986 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P() DeleteTitle:P(X) Change () AdditionName:BRIDGEMAN, LISAName:GOLDBAUM, LEONARDAddress:1256 SW STARLITE COVEAddress:419 NW SHERBROOKE AVECity-St-Zip:PORT ST LUCIE, FL 34986City-St-Zip:PORT ST LUCIE, FL 34983

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 GOLDBAUM, LENARD
 Name:
 PALUMBO, PETER

 Address:
 419 NW SHERBROOKE AVE
 Address:
 2182 BROWARD TERRACE

 City-St-Zip:
 PORT ST LUCIE, FL 34983
 City-St-Zip:
 PORT ST LUCIE, FL 34952

Title: S (X) Delete Title: () Change () Addition

 Name:
 ROCK, LAURI
 Name:

 Address:
 561 SW SPRING HILL POINT
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34986
 City-St-Zip:

 Name:
 BRIDGEMAN, RANDALL E
 Name:

 Address:
 10280 SW STEPHANIE WAY #203
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34987
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: PALUMBO, DEB Name: PALUMBO, DEB

 Address:
 2182 BROWARD TERR
 Address:
 2182 BROWARD TERRACE

 City-St-Zip:
 PORT ST LUCIE, FL 34952
 City-St-Zip:
 PORT ST LUCIE, FL 34952

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: RANDALL E. BRIDGEMAN T 04/25/2008