


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90263 032 ****61.25

DOCUMENT # N06000011984

1. Entity Name
HARMONY HIGH SCHOOL SWIMMING & DIVING BOOSTERS, INC.



Principal Place of Business
**3601 ARTHUR J. GALLAGHER BLVD.
 HARMONY, FL 34771**

Mailing Address
**3601 ARTHUR J. GALLAGHER BLVD.
 HARMONY, FL 34771**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8071309				Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
GRABER, SHARI 5206 HAMMOCK POINT SAINT CLOUD, FL 34771			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABER, SHARI			NAME			
STREET ADDRESS	5206 HAMMOCK POINT			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34771			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABER, RIC			NAME			
STREET ADDRESS	5206 HAMMOCK POINT			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34771			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEPLER, BRENDA			NAME			
STREET ADDRESS	2209 SPRING LAKE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34771			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, GARY			NAME			
STREET ADDRESS	4237 SETTLERS COURT			STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34772			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #