

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011984

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

3601 ARTHUR J. GALLAGHER BLVD.
HARMONY, FL 34771

New Principal Place of Business:

Current Mailing Address:

5206 HAMMOCK POINTE CT.
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 20-8071309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRABER, SHARI
5206 HAMMOCK POINT
SAINT CLOUD, FL 34771 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: P () Delete
Name: GRABER, SHARI
Address: 5206 HAMMOCK POINT
City-St-Zip: SAINT CLOUD, FL 34771

Title: V () Delete
Name: GRABER, RIC
Address: 5206 HAMMOCK POINT
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Delete
Name: SCHEPLER, BRENDA
Address: 2209 SPRING LAKE CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

Title: T () Delete
Name: WALKER, GARY
Address: 4237 SETTLERS COURT
City-St-Zip: SAINT CLOUD, FL 34772

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: GARY WALKER

T

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date