2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000073

FILED Apr 17, 2009 Secretary of State

Entity Name: CYPRESS LAKE HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC

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

6750 PANTHER LANE FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

6750 PANTHER LANE 15891 DORTH CIRCLE FORT MYERS, FL 33919 FORT MYERS, FL 33908

FEI Number: 20-8404212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JENNETT, JAMES D 14957 MAHOE COURT FORT MYERS, FL 33908

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

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:HELENBROOK, SANDRAName:KRACKHART, ANGELAAddress:12674 SUMMERWOOD DRIVEAddress:6750 PANTHER DRIVECity-St-Zip:FORT MYERS, FL 33919 USCity-St-Zip:FORT MYERS, FL 33919 US

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

 Name:
 BAKER, KAY
 Name:
 KRACKHART, PAUL

 Address:
 6750 PANTHER LANE
 6750 PANTHER LANE

 City-St-Zip:
 FORT MYERS, FL 33919 US
 City-St-Zip:
 FORT MYERS, FL 33919 US

Title: T () Delete Title: () Change () Addition

 Name:
 GIBSON, KAREN
 Name:

 Address:
 15891 DORTH CIRCLE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33908 US
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 STALLWOOD, SUSAN
 Name:
 MARTIN, LISA

 Address:
 9734 MENDOCINO DRIVE
 Address:
 6750 PANTHER LANE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

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: KAREN GIBSON T 04/17/2009