

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009187

FILED
Aug 31, 2008
Secretary of State

Entity Name: ALONSO HIGH SCHOOL BOOSTER CLUB, INC.

Current Principal Place of Business:

8302 MONTAGUE STREET
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

8302 MONTAGUE STREET
TAMPA, FL 33635

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ACCOUNTABLES INC
11930 RACE TRACK ROAD
TAMPA, FL 33626 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: VIDMAR, SUE
Address: 12004 WANDSWORTH DR
City-St-Zip: TAMPA, FL 33626

Title: VPM () Delete
Name: SILVERS, JOY
Address: 10402 GREENHEDGES DR
City-St-Zip: TAMPA, FL 33626

Title: VPF () Delete
Name: PYNE, SUZANNE
Address: 10454 GREENDALE DR
City-St-Zip: TAMPA, FL 33626

Title: T () Delete
Name: BUNN, MARCY
Address: 12006 BREWSTER DR
City-St-Zip: TAMPA, FL 33626

Title: S () Delete
Name: STRAIN, JODY
Address: 12404 CARDIFF DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPF (X) Change () Addition
Name: SABOE, TRACY
Address: 10605 KESWICK PLACE
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GASTLER, JOANNE
Address: 12308 ASHEVILLE DRIVE
City-St-Zip: TAMPA, FL 33626

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: SUE VIDMAR

Electronic Signature of Signing Officer or Director

PRES

08/31/2008

_____ Date