

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009812

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: OVIEDO HIGH SCHOOL DRAMA BOOSTER ASSOCIATION INC

**Current Principal Place of Business:**

601 KING STREET  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

601 KING STREET  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 26-1190999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WELCH, JENNIFER C  
905 NORTH LAKE CLAIRE CIR  
OVIEDO, FL 32765 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: PRES ( ) Delete  
Name: WELCH, JENNIFER C  
Address: 905 NORTH LAKE CLAIRE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: KNERR, BARBARA L  
Address: 346 HARTLEPOOL CT  
City-St-Zip: OVIEDO, FL 32765

Title: TR ( ) Delete  
Name: SHACKELFORD, SHARON K  
Address: 1556 S LYONS CT  
City-St-Zip: OVIEDO, FL 32765

Title: SEC ( ) Delete  
Name: SCHERALDI, ANITA M  
Address: PO BOX 971  
City-St-Zip: GENEVA, FL 32732

**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: SHARON K. SHACKELFORD

TR

01/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date