

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009812

FILED
Nov 04, 2009
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 (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:

WELCH, JENNIFER C
905 NORTH LAKE CLAIRE CIR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

KNERR, BARBARA L
346 HARTLEPOOL CT.
OVIEDO, FL 32765 US

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: BARBARA L. KNERR

11/04/2009

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: PRES (X) Change () Addition
Name: CADOGAN, LINDA C
Address: 1000 WILLA DR.
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: CANOVA, KELLY L
Address: 2560 WESTMINSTER TERR.
City-St-Zip: OVIEDO, FL 32765

Title: SEC (X) Change () Addition
Name: SHACKELFORD, SHARON K
Address: 1556 S LYONS CT
City-St-Zip: OVIEDO, FL 32765

Title: TRES (X) Change () Addition
Name: KNERR, BARBARA L
Address: 346 HARTLEPOOL CT
City-St-Zip: OVIEDO, FL 32765

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: BARBARA L. KNERR

TREA

11/04/2009

Electronic Signature of Signing Officer or Director

Date