2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N07000009877

Entity Name: RIBAULT HIGH SCHOOL MCJROTC BOOSTERS, INC.

Current Principal Place of Business:

3701 WINTON DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

3701 WINTON DRIVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 26-1154453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATSON, JOHN
3701 WINTON DRIVE
JACKSONVILLE, FL 32208 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: MORNINGSTAR, HAZEL
Address: 1332 IDA STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: V ( ) Delete
Name: BLACK, KIM
Address: 3401 LANNIE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: ANDREWS, SHELIA
Address: 8534 HAVERHILL STREET
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete
Name: BELL, LISA
Address: 12021 MCCORMICK ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: WATSON, JOHN
Address: 1827 SPICEBERRY CIR W
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: LANDRUM, ANTHONY
Address: 13985 CRESTWICK DRIVE E
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: JOHN WATSON RA 04/27/2008

Electronic Signature of Signing Officer or Director — Date