

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N08000008707

**Entity Name:** FRIENDS OF HIGH SCHOOL LACROSSE FOR MARTIN COUNTY, INCORPORATED

**Current Principal Place of Business:**

**New Principal Place of Business:**

2 RIVERVIEW DRIVE  
STUART, FL 34996 US

**Current Mailing Address:**

**New Mailing Address:**

2 RIVERVIEW DRIVE  
STUART, FL 34996 US

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

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

KIMES, DIANE B  
2 RIVERVIEW DRIVE  
STUART,, FL 34996 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIMES, DIANE B.  
Address: 2 RIVERVIEW DRIVE  
City-St-Zip: STUART,, FL 34996 US

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

Title: VP ( ) Delete  
Name: CONWAY, BETH  
Address: 4 OAK HILL WAY  
City-St-Zip: STUART, FL 34996 FL

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

Title: SEC ( ) Delete  
Name: GASIOREK, JEANNE  
Address: 67 NORTH RIVER ROAD  
City-St-Zip: STUART, FL 34996 US

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

Title: TREA ( ) Delete  
Name: KLAHNE, SUE  
Address: 5354 SW ORCHID BAY DRIVE  
City-St-Zip: PALM CITY, FL 34990 US

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: DIANE B. KIMES

P

05/01/2009

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

\_\_\_\_\_  
Date