

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008707

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2 RIVERVIEW DRIVE  
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1876  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 26-3118396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIMES, DIANE B  
2 RIVERVIEW DRIVE  
STUART, FL 34996 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  
Name: KIMES, DIANE B.  
Address: 2 RIVERVIEW DRIVE  
City-St-Zip: STUART, FL 34996 US

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

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

Title: TREA  
Name: RIPPER, KAREN  
Address: P.O.BOX 9010  
City-St-Zip: STUART, FL 34995 US

I hereby 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 all other like empowered.

SIGNATURE: KAREN RIPPER

TREA

04/14/2011

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

\_\_\_\_\_  
Date