2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000009614

Entity Name: ATHLETIC BOOSTER CLUB FOR C. LEON KING HIGH SCHOOL (TEMPLE TERRACE), INC.

Current Principal Place of Business:

6815 N 56TH STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

6815 N 56TH STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 26-3582343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNET, MARK J ESQ
1505 N FLORIDA AVE
TAMPA, FL 33602 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: DT ( ) Delete
Name: MCPHILLIPS, BILLY
Address: 6815 N 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: DVP ( ) Delete
Name: MCMILLON, JADA
Address: 6815 N 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: DS ( ) Delete
Name: PEARSON, JEFFREY
Address: 6815 N 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: DVP ( ) Delete
Name: CELERIN, CHAPLAIN
Address: 6815 N 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: P ( ) Delete
Name: BERNET, MARK J
Address: 6815 N 56TH STREET
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: BEST, YOLANDA
Address: 6815 N 56TH STREET
City-St-Zip: TAMPA, FL 33610

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: BILLY MCPHILLIPS DT 04/30/2009

Electronic Signature of Signing Officer or Director — Date