2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005161

FILED Aug 02, 2011 Secretary of State

Entity Name: SHINE ATHLETICS BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

2120 NORTH RONALD REAGAN BLVD., SUITE 1124 LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

2120 NORTH RONALD REAGAN BLVD., SUITE 1124 LONGWOOD, FL 32750

FEI Number: 27-0283940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TOKARCZYK, KELLI A

2120 NORTH RONALD REAGAN BLVD.

SUITE 1124

LONGWOOD, FL 32750 US

CARLSON, VIVIAN C

2120 NORTH RONALD REAGAN BLVD.

SUITE 1124

LONGWOOD, FL 32750 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: VIVIAN C CARLSON 08/02/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: CARLSON, VIVIAN C

Address: 2120 NORTH RONALD REAGAN BLVD., SUITE 1124

City-St-Zip: LONGWOOD, FL 32750

Title: VP

Name: INGLIS, MICHELLE

Address: 2120 NORTH RONALD REAGAN BLVD., SUITE 1124

City-St-Zip: LONGWOOD, FL 32750

Title:

Name: CARLSON, VIVIAN

Address: 2120 NORTH RONALD REAGAN BLVD., SUITE 1124

City-St-Zip: LONGWOOD, FL 32750

Title:

Name: EVERT, SHERRY

Address: 2120 NORTH RONALD REAGAN BLVD., SUITE 1124

City-St-Zip: LONGWOOD, FL 32750

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: VIVIAN CARLSON P 08/02/2011