

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40472

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: UMATILLA BULLDOG BOOSTERS, INC.

## Current Principal Place of Business:

UMATILLA HIGH SCHOOL  
320 N. TROWELL AVE  
UMATILLA, FL 32784 US

## New Principal Place of Business:

## Current Mailing Address:

UMATILLA HIGH SCHOOL  
320 N. TROWELL AVE  
UMATILLA, FL 32784 US

## New Mailing Address:

FEI Number: 59-3039403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMENTS, JAMES  
20038 S E 155TH ST  
UMATILLA, FL 32784 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: TD ( ) Delete  
Name: FARYNA, MARIA  
Address: 40323 BABB RD  
City-St-Zip: UMATILLA, FL 32784

Title: PD ( ) Delete  
Name: CLEMENTS, JAMES  
Address: 180 BOARDMAN RD  
City-St-Zip: UMATILLA, FL 32784

Title: VP ( ) Delete  
Name: COBB, NAN  
Address: 21552 WIYQUL RD  
City-St-Zip: UMATILLA, FL 32784

Title: SD ( ) Delete  
Name: NEWTON, CAROL  
Address: 450 GUERRANT STR  
City-St-Zip: UMATILLA, FL 32784

## 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:

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: MARIA FARYNA

TD

01/26/2009

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

\_\_\_\_\_  
Date