

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42295

FILED
Apr 12, 2009
Secretary of State

Entity Name: RIDGEWOOD HIGH SCHOOL ATHLETIC BOOSTERS CORPORATION

Current Principal Place of Business:

7650 ORCHID LAKE ROAD
NEW PORT RICHEY, FL 346531399

New Principal Place of Business:

Current Mailing Address:

7650 ORCHID LAKE ROAD
NEW PORT RICHEY, FL 346531399

New Mailing Address:

FEI Number: 59-3052324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERS, GARY L
7650 ORCHID LAKE ROAD
NEW PORT RICHEY, FL 346531399 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: D () Delete
Name: CARLI, JR., THOMAS R
Address: 8304 SPLIT RAIL LANE
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: CARLI JR., THOMAS R
Address: 8304 SPLIT RAIL LANE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: MORRISON, LINDA
Address: 7131 VISTA WAY
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: MORRISON, ROBERT
Address: 7131 VISTA WAY
City-St-Zip: PORT RICHEY, FL 34668

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: DUNCAN, MARY
Address: 4469 DEWEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Change (X) Addition
Name: GALATOLO, ROBERT
Address: 7112 VISTA WAY
City-St-Zip: PORT RICHEY, FL 34668

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: THOMAS R CARLI JR

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date