2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N45439

Entity Name: BOOKER HIGH SCHOOL SPORTS BOOSTERS, INC.

Current Principal Place of Business:

3201 N ORANGE AVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2245 BEE RIDGE ROAD
B
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-2450001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILMORE, FRED
4845 RILMA AVENUE
SARASOTA, FL 34234 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:	DP	( ) Delete
Name:	DIXON, TOMMY	
Address:	1901 GOLD AVENUE	
City-St-Zip:	SARASOTA, FL 34237	
Title:	DS	( ) Delete
Name:	DIXOW, CYNDI	
Address:	1901 GOLD AVE	
City-St-Zip:	SARASOTA, FL 34235	
Title:	DVP	( ) Delete
Name:	FOUGEROUSSE, CARLA	
Address:	2753 JAY PLACE	
City-St-Zip:	SARASOTA, FL 34235	
Title:	DT	( ) Delete
Name:	STONER, BETH	
Address:	4983 CEDAR OAK WAY	
City-St-Zip:	SARASOTA, FL 34233	
Title:	DVP	( ) Delete
Name:	SHERRY SMITH, PHILLIPS	
Address:	1909 FERN AVE	
City-St-Zip:	SARASOTA, FL 34235	

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:	

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: BETH STONER DT 04/30/2009

Electronic Signature of Signing Officer or Director — Date