

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000358

FILED
Sep 02, 2010
Secretary of State

Entity Name: ACADEMIC BOOSTERS, INC.

Current Principal Place of Business:

1000 N. PALM AVE
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1277
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-3140632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMARCO, NANCY
1000 N. PALM AVENUE
FROSTPROOF, FL 33843 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: P
Name: NORRIS, DEBBIE
Address: 1144 LK REEDY BLVD N
City-St-Zip: FROSTPROOF, FL 33843

Title: VP
Name: MELISSA, NEWMAN
Address: 8920 LIGHER KNOT DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: S
Name: FLOOD, SUSAN
Address: 400 RIDGE MANOR DR
City-St-Zip: LAKE WALES, FL 33843

Title: T
Name: MCCULLERS, SHAYLA
Address: 1000 CR 630 W
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: CINDY, HENRY
Address: 2300 ALT. 27 N.
City-St-Zip: LAKE WALES, FL 33853

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: DEBBIE NORRIS

P

09/02/2010

Electronic Signature of Signing Officer or Director

Date