

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003029

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: C. LEON KING HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

**Current Principal Place of Business:**

6815 N. 56TH STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6815 N. 56TH STREET  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 58-3211258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LONG, THOMAS G  
6304 JACQUELINE ARBOR DRIVE  
TEMPLE TERRACE, FL 33617 US

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

MCCLUNG, JULIE P  
6725 DRIFTING SANDS ROAD  
TEMPLE TERRACE, FL 33617 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: JULIE P. MCCLUNG

04/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: COPD ( ) Delete  
Name: LONG, TOM  
Address: 6304 JACQUELINE ARBOR DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: COPD ( ) Delete  
Name: SCHWAB, MARK  
Address: 6303 JACQUELINE ARBOR DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: TD ( ) Delete  
Name: MCCLUNG, JULIE  
Address: 675 DRIFTING SANDS RD  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: COPD (X) Change ( ) Addition  
Name: STONE, BEN  
Address: 11805 WILDFLOWER PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33617

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 for the exemption stated in Section 119.07(3)(i), 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: JULIE P. MCCLUNG

TREA

04/28/2005

Electronic Signature of Signing Officer or Director

Date