

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003029

FILED  
May 01, 2006  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: COPD      ( ) Delete  
Name: STONE, BEN  
Address: 11805 WILDFLOWER PLACE  
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: P      (X) Change ( ) Addition  
Name: SCHWAB, MARK  
Address: 6304 JACQUELINE ARBOR  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VP      (X) Change ( ) Addition  
Name: SHOEMAKER, MIKE  
Address: 728 DRUID HILLS ROAD  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T      (X) Change ( ) Addition  
Name: MCCLUNG, JULIE  
Address: 6725 DRIFTING SANDS RD  
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE MCCLUNG

T

05/01/2006

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

\_\_\_\_\_  
Date