2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# N94000000598

Entity Name: CHAMBER SINGERS BOOSTER CLUB, INC.

Current Principal Place of Business:

%WHISPERING PINES ELEMENTARY, MUSIC DIR.
18929 S.W. 89TH RD.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

%WHISPERING PINES ELEMENTARY, MUSIC DIR.
18929 S.W. 89TH RD.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0164996 **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:

HOUWERS, LAURA T
9020 SW 186 TERRACE
MIAMI, FL 33157 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: HOUWERS, LAURA T
Address: 9020 SW 186 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DV ( ) Delete
Name: FUOG, EDITH
Address: 19441 FRANJO RD
City-St-Zip: MIAMI, FL 33157

Title: DS ( ) Delete
Name: ROLDAN, CARMEN
Address: 14542 SW 92 CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: HENDON, MARIA
Address: 8445 SW 156 ST
City-St-Zip: MIAMI, FL 33157

Title: DS (X) Change ( ) Addition
Name: HARGRAVES, JULIE
Address: 18645 SW 88 CT
City-St-Zip: MIAMI, FL 33157

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: LAURA HOUWERS DP 07/15/2008

Electronic Signature of Signing Officer or Director — Date