

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004247

FILED
Apr 14, 2009
Secretary of State

Entity Name: ST. PETERSBURG HIGH SCHOOL ATHLETIC BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:

2501 5TH AVE N
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

2501 5TH AVE N
ST PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 59-3261674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANE, SYLVIA H
1408 72ND AVENUE NE
ST. PETERSBURG, FL 33702 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: PD () Delete
Name: MOLL, DIANE L
Address: 720 SAND PINE DRIVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703 US

Title: TD () Delete
Name: LANE, SYLVIA H
Address: 1408 72ND AVENUE NE
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: SD () Delete
Name: DAVIS, DIANE
Address: 1447 85TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: VD () Delete
Name: GAGEN, LORI
Address: 939 18TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704 US

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:

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: SYLVIA H. LANE

TD

04/14/2009

Electronic Signature of Signing Officer or Director

Date