2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002325

FILED Mar 20, 2009 Secretary of State

Entity Name: KING HIGH SCHOOL LUNCH BUNCH, AN ALUMNI ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business: 31110 JACANA DR WESLEY CHAPEL, FL 335453918 **Current Mailing Address: New Mailing Address:** P.O. BOX 291271 TEMPLE TERRACE, FL 336871271 US FEI Number: 59-3318860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWNING JR, ORIN D TREAS 31110 JACANA DR WESLEY CHAPEL, FL 33545 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Change () Addition () Delete ANDREWS, BARBARA Name: Name: 11028 CIRCLE S. RD Address: Address: SEFFNER, FL 33584 US City-St-Zip: City-St-Zip: Title: TREA () Delete Title: () Change () Addition BROWNING, ORIN D JR Name: Name: Address: 31110 JACANA DR Address: City-St-Zip: WESLEY CHAPEL, FL 33544 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HENNESSEE, ROB HENNESSEE, ROB Name: Name: 6243 MAPLE LN Address: 6243 MAPLE LN Address: City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL Title: DV () Delete Title: DP (X) Change () Addition Name: BLACKBURN, RAY Name: BLACKBURN, RAY Address: 5339 CAROL DR. Address: 5339 CAROL DR. City-St-Zip: WESLEY CHAPEL, FL 33543 US City-St-Zip: WESLEY CHAPEL, FL 33543 US

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: ORIN D. BROWNING JR TR 03/20/2009