

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005664

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE WILLIAM R. BOONE HIGH SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

2000 SOUTH MILLS AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2000 SOUTH MILLS AVE.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 31-1467610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLEN, MARGARET
2000 SOUTH MILLS AVE.
ORLANDO, FL 32806 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: D () Delete
Name: LITCHFORD, JODY
Address: 1003 RIDGECREST RD
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: ARES, JOE
Address: 3408 EUBANKS ST
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: DAVIS, BOB
Address: 2201 LAKESIDE DR
City-St-Zip: ORLANDO, FL 32803

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:

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: BOB DAVIS

OFF

03/23/2009

Electronic Signature of Signing Officer or Director

Date