## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002413

FILED Apr 04, 2009 Secretary of State

Entity Name: SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2701 RIDGEWOOD AVE. SANFORD, FL 32773 **Current Mailing Address: New Mailing Address:** 2701 RIDGEWOOD AVE SANFORD, FL 32773 FEI Number: 59-3394858 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHOMER, DON C 106 FOXRIDGE RUN LONGWOOD, FL 32750 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: () Delete () Change () Addition AUSTIN, PATRICK Name: Name: 302 TAMMY DR Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: TD () Delete Title: () Change () Addition SCHOMER, DON C Name: Name: Address: 106 FOXRIDGE RUN Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: VP1D () Delete Title: () Change () Addition PAVGOUZAS, DIANA Name: Name: Address: 537 PICKFAIR TER Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition DE VIERE, MELINDA Name: Name: MOSLEY, MARLETTE 339 BAYMOOR WAY Address: Address: 307 TUCKER DRIVE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: SANFORD, FL 32746 Title: VP2D () Delete Title: () Change () Addition WILKS, LAURA Name: Name: 433 OLD WESTERN TRL Address: Address: City-St-Zip: SANFORD, FL 32773 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: DON C SCHOMER TD 04/04/2009