2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# N97000003946

Entity Name: OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BOOSTER CLUB, INC.

Current Principal Place of Business:

601 KING STREET
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621178
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3438468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLANDER, CAROL
6082 TWIN LAKES DR
OVIEDO, FL 32765 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: HOOVER, LORI
Address: 648 LONG LAKE DR.
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: LUCIER, ROBIN
Address: 4121 SHADOW CREED CIR
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: KNERR, BARBARA
Address: 346 HARTLEPOOL CT.
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: ADAIR, SUZANNE
Address: 2820 LEXINGTON CT.
City-St-Zip: OVIEDO, FL 32765

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 for the exemption stated in Section 119.07(3)(i), 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: LORI HOOVER PD 01/15/2004

Electronic Signature of Signing Officer or Director — Date