2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003946



FILED Apr 13, 2006 8:00 am Secretary of State

1. Entity Name OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BOOSTER CLUB, INC.						04-13-2006	90278 0	38 ****6	1.25		
601 KING STREET P.O		P.O. Î	Mailing Address P.O. BOX 621178 OVIEDO, FL 32765			60027537					
2. Principal Place of Business 3. Ma			Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01252006	Chg-NP	CR2E03	7 (11/05)		
City & State		Cit	City & State			4. FEI Number 59-3438468				Applied For Not Applicable	
Zip	Country Zip		Country			5. Certificate of Status Desired			8.75 Additional see Required		
6. Name and Address of Current Registered Agent HOLLANDER, CAROL 6082 TWN LAKES DR OVIEDO, FL 32765			Nar	ne	7. Name and	Address of New.R	tegistered A	\gent			
				Street Address ((P.O. Box Numbe	r is Not Acceptable	e)			
	e			City	,			FL	Zip Code	е	
	named entity submits this statem tions of registered agent.	nent for the purp	ose of changing its	registered offi	ce or register	red agent, or bot	h, in the State of Fk	orida. Iam f	amiliar with,	and accept	
OLONA ŤI IDE	•										
SIGNATURE .	Signature, typed or printed name of registere	ed agent and title if app	icable. (NOTE	: Registered Agent	signature required	d when reinstating)		DATE			
SIGNATURE .	Signature, typed or proted name of registers Filling Fee Is \$61.25 Due by May 1, 2006	nd agent and title if app	9. Election Carr Trust Fund C	npaign Financi		\$5.00 May B	9 (lake check	payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2006	ed agent and title if app	9. Election Carr	npaign Financi	ing	\$5.00 May B Added to Fees	9 (lake check ida Depart	tment of St	ate	
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indicated on this report or supplied what his limits does not quality for the exemptions comained in chapter 11st, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Persampiere Deborah

4107-359-1211 Daytime Phone #