

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90010 043 \*\*\*\*61.25

<b>DOCUMENT # N97000003946</b>					
<b>1. Entity Name</b> OVIEDO HIGH SCHOOL MANE ATTRACTION DANCE TEAM BOOSTER CLUB, INC.					
<b>Principal Place of Business</b> 601 KING STREET OVIEDO, FL 32765			<b>Mailing Address</b> P.O. BOX 621178 OVIEDO, FL 32765		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3438468	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HOLLANDER, CAROL 6082 TWIN LAKES DR OVIEDO, FL 32765			<b>7. Name and Address of New Registered Agent</b> Name: <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>SAME</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> FALKOWSKI, MARIE <b>STREET ADDRESS</b> 825 WELLINGTON AVE. <b>CITY-ST-ZIP</b> OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Persampier, Debbie <b>STREET ADDRESS</b> 485 Sunset Ct <b>CITY-ST-ZIP</b> OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> PERSAMPIERE, DEBBIE <b>STREET ADDRESS</b> 485 SUNSET COURT <b>CITY-ST-ZIP</b> OVIEDO, FL 32765	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Terry Darrenkamp <b>STREET ADDRESS</b> 3455 Raven Creek Ln <b>CITY-ST-ZIP</b> OVIEDO, FL 32766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GONZALEZ, JR <b>STREET ADDRESS</b> 548 RACHAEL CT <b>CITY-ST-ZIP</b> OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> BRACKER, SHERRY <b>STREET ADDRESS</b> 1003 SOLDIER CREEK CT <b>CITY-ST-ZIP</b> OVIEDO, FL 32765	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Bracker, Sherry <b>STREET ADDRESS</b> SAME <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> RYSER, DENISE <b>STREET ADDRESS</b> 1707 LITTLETON COURT <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Pam Scott <b>STREET ADDRESS</b> 141 Nancina Terroco <b>CITY-ST-ZIP</b> Winter Springs FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> AGASTINI, MARLENE <b>STREET ADDRESS</b> 2733 CORGRASS CT <b>CITY-ST-ZIP</b> OVIEDO, FL 32765	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> SAME <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Sherry Bracker</u> <b>TREASURER</b> <u>4/17/07 407-365-1880</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					