

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003946

FILED
Apr 14, 2008
Secretary of State

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: PERSAMPIER, DEBBIE
Address: 485 S ONSET CT
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: TERRY, DARREN K
Address: 3455 RAVEN CREEK LN
City-St-Zip: OVIEDO, FL 32766

Title: TD () Delete
Name: BRACKER, SHERRY
Address: 1003 SOLDIER CREEK CT
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: SCOTT, PAM
Address: 141 NANCINA TERRACE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: AGASTINI, MARLENE
Address: 2733 CORGRASS CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DARRENKAMP, TERRI
Address: 3455 RAVEN CREEK LN.
City-St-Zip: OVIEDO, FL 32766

Title: VD (X) Change () Addition
Name: WILLIS, VALERIE K
Address: 1000 LEINHARD COURT
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change () Addition
Name: JENSEN, LAURA
Address: 594 YORKSHIRE DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHWEINBERG, ALLAN
Address: 882 KINGSBRIDGE DR
City-St-Zip: OVIEDO, FL 32765

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: TERRI DARRENKAMP

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date