## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003946

Apr 22, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

601 KING STREET OVIEDO, FL 32765

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 621178 OVIEDO, FL 32765

FEI Number: 59-3438468 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:

HOLLANDER, CAROL 6082 TWIN LAKES DR OVIEDO, FL 32765

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD ( ) Delete Title: VΡ (X) Change ( ) Addition WILLIS, VALERIE K Name: KIRK, PAT Name:

Address: 1000 LEINHARD COURT Address: 1470 WESCOTT LOOP City-St-Zip: OVIEDO, FL 32765 City-St-Zip: WINTER SPINGS, FL 32708

Title: () Delete Title: **TRES** (X) Change ( ) Addition JENSEN, LAURA SCHWEINBERG, JONI Name: Name:

594 YORKSHIRE DRIVE Address: Address: 882 KINGSBRIDGE DRIVE City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

( ) Delete Title: SD Title: SEC (X) Change ( ) Addition Name:

SCOTT, PAM Name: **FUTATO, ADELE** 141 NANCINA TERRACE 600 LAKEPARK TR Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete Title: (X) Change ( ) Addition

SCHWEINBERG, ALLAN JONES, DONNA Name: Name: 882 KINGSBRIDGE DR 663 HARTFORD COURT Address: Address: City-St-Zip: OVIEDO, FL 32765 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: JONI SCHWEINBERG **TRES** 04/22/2009