


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90026 025 \*\*\*\*61.25

40110040



<b>DOCUMENT # N98000002647</b>					
1. Entity Name ARMWOOD HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.					
Principal Place of Business 12000 US HWY 92 E SEFFNER, FL 33584		Mailing Address 12000 US HWY 92 E SEFFNER, FL 33584			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2480853	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCBRIDE, WILLIAM H JR. 601 BAYSHORE BLVD SUITE #700 TAMPA, FL 33606				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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.					
SIGNATURE _____ DATE _____ <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>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, WILLIAM H JR.		NAME		
STREET ADDRESS	601 BAYSHORE BLVD, STE 700		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, KIM		NAME		
STREET ADDRESS	1216 CITRUS HILL COURT		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, JIMMY		NAME		
STREET ADDRESS	637 TIMBER POND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISINGER, KATHY		NAME		
STREET ADDRESS	5419 A MCLEOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHERYL		NAME		
STREET ADDRESS	4505 SUMMERSUN COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, CHERYL		NAME		
STREET ADDRESS	4707 N.COOPER ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33565		CITY-ST-ZIP		
continued on attachment					
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.					
SIGNATURE: <i>William H MCBride</i>		5/8/07		#327563	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**ARMWOOD ATHLETIC BOOSTER CLUB**

12000 U.S. Highway 92

Seffner, FL 33584

Mailing List - 2006-2007

ATTACHMENT  
40110826

#N9800002647

Principal	Marc Hutek	AHS - 12000 U.S. Hwy. 92	Seffner	FL	33584
Athletic Director	Danny Pickern	13112 Lilita Avenue	Dover	FL	33527
<b>EXECUTIVE BOARD</b>					
President	Kim Williams	1216 Citrus Hill Ct.	Seffner	FL	33584
Vice President	Tim Spano	807 Bayou View Dr.	Brandon	FL	33510
Secretary	Robin Briggs	P.O. Box 433	Seffner	FL	33584
Treasurer	Jimmy Hickman	637 Timber Pond Dr.	Brandon	FL	33510
Concession Mgr.	Sheryl Jones	4505 Summersun Ct.	Tampa	FL	33610
<b>BOARD OF DIRECTORS</b>					
Asst. Concession Mgr.					
Football Program & Hawkspitality	Dianna Meeks	P.O. Box 831	Dover	FL	33527
Fundraising	Carol Willoughby				
Publicity	Bruce Burnham	AHS - 12000 U.S. Hwy. 92	Seffner	FL	33584
Membership	Cheryl Chancey	4707 N. Cooper Rd.	Plant City	FL	33565
Members-At-Large & Team Parent Reps	Bill McBride	P.O. Box 219	Thonotosassa	FL	33592
	Lori Hickman	637 Timber Pond Dr.	Brandon	FL	33510
	Teresa Gonzalez	603 Chastain Rd.	Seffner	FL	33584
	Gary Autrey	8205 Todd Place	Plant City	FL	33565
	Becky Dial	3907 Gallagher Rd.	Dover	FL	33527
	Stacey Spano	807 Bayou View Drive	Brandon	FL	33510
	Harold Hickman	1614 Altoona Way	Brandon	FL	33510
	Debbie Ward	Bayou View Dr.	Brandon	FL	33510
	Joe Flint	102 Goins Dr.	Seffner	FL	33584
	Char Flint	102 Goins Dr.	Seffner	FL	33584
Emeritus Member	Kathy Reisinger	5419A McLeod Dr.	Tampa	FL	33610
Coaches Rep	Joe Morris	AHS - 12000 U.S. Hwy. 92	Seffner	FL	33584
	Sean Callahan	AHS - 12000 U.S. Hwy. 92	Seffner	FL	33584
	Gena Dempsey	235 Willowick Ave.	Temple Terrace	FL	33617
	Chris Taylor	609 W. Horatio St., Ste. 4	Tampa	FL	33606
	Jeff Pafunda	AHS - 12000 U.S. Hwy 92	Seffner	FL	33584
	Katrina Toth	AHS - 12000 Hwy 92	Seffner	FL	33584
	Chris Bierniecki	AHS- 12000 Hwy 92	Seffner	FL	33584
	Richard Daly	Beef O'Brady's, 812 W. MLK Blvd	Seffner	FL	33584