

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002647

FILED
Apr 30, 2009
Secretary of State

Entity Name: ARMWOOD HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Current Principal Place of Business:

12000 US HWY 92 E
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

12000 US HWY 92 E
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-2480853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, WILLIAM H JR.
601 BAYSHORE BLVD
SUITE #700
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ALMAND, LISA R
12000 U. S. HWY 92 E
SEFFNER, FL 33584 US

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: LISA R. ALMAND

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCBRIDE, WILLIAM H JR.
Address: 601 BAYSHORE BLVD,STE 700
City-St-Zip: TAMPA, FL 33606

Title: P () Delete
Name: HUNGER, KIM
Address: 1216 CITRUS HILL COURT
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: HICKMAN, JIMMY
Address: 637 TIMBER POND DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: REISINGER, KATHY
Address: 5419 A MCLEOD DRIVE
City-St-Zip: TAMPA, FL 33610

Title: D (X) Delete
Name: PICKERN, DANNY
Address: 13112 LILITA AVENUE
City-St-Zip: DOVER, FL 33527

Title: D (X) Delete
Name: CHANGEY, CHERYL
Address: 4707 N.COOPER ROAD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROUNDTREE, TANYA
Address: 12000 US HWY 92 E
City-St-Zip: SEFFNER, FL 33584

Title: VP (X) Change () Addition
Name: HICKMAN, JIMMY
Address: 12637 TIMBER POND DR
City-St-Zip: BRANDON, FL 33510

Title: TREA (X) Change () Addition
Name: ALMAND, LISA R
Address: 12000 US HWY 92 E
City-St-Zip: SEFFNER, FL 33584

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

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

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

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: LISA R. ALMAND

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date