

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 30, 2006
Secretary of State

DOCUMENT# N98000003918

Entity Name: LYMAN HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.**Current Principal Place of Business:**865 SOUTH COUNTY ROAD 427
LONGWOOD, FL 32750**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 521283
LONGWOOD, FL 32752**New Mailing Address:****FEI Number:** 20-5119617**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAMRICK, RICHARD
119 LAMPLIGHTER RD.
ALTAMONTE SPRINGS, FL 32714 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:** P () Delete
Name: BAMRICK, RICK
Address: 119 LAMPLIGHTER RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** VP () Delete
Name: ALBRIGHT, KEVIN
Address: 644 RIVER PARK CIR
City-St-Zip: LONGWOOD, FL 32750**Title:** S () Delete
Name: BAMRICK, MAUREEN
Address: 119 LAMPLIGHTER RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: LEE, KELVIN
Address: 2287 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779**Title:** VP (X) Change () Addition
Name: STITES, DANA
Address: 102 WESTERN FORK
City-St-Zip: LONGWOOD, FL 32750**Title:** S (X) Change () Addition
Name: WILLIAMS, NATALIE
Address: 1034 ORIENTA AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701**Title:** T () Change (X) Addition
Name: BAMRICK, RICK
Address: 119 LAMPLIGHTER RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: KELVIN LEE

P

06/30/2006

Electronic Signature of Signing Officer or Director

Date