

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003918

FILED  
Apr 27, 2007  
Secretary of State

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:**

GRUBER, FRED  
740 FLORIDA CENTRAL PARKWAY  
SUITE 2042  
LONGWOOD, FL 32750 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: FRED GRUBER

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete

Name: LEE, KELVIN

Address: 2287 SPRINGS LANDING BLVD

City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: VP ( ) Delete

Name: STITES, DANA

Address: 102 WESTERN FORK

City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change ( ) Addition

Name: LANGE, BRIAN

Address: 202 CLYDESDALE CIRCLE

City-St-Zip: SANFORD, FL 32773

Title: S ( ) Delete

Name: WILLIAMS, NATALIE

Address: 1034 ORIENTA AVE

City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S (X) Change ( ) Addition

Name: KILLACKY, KIM

Address: 329 RIDGEWOOD ST

City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T ( ) Delete

Name: BAMRICK, RICK

Address: 119 LAMPLIGHTER RD.

City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Change ( ) Addition

Name: GRUBER, FRED

Address: 740 FLORIDA CENTRAL PARKWAY, SUITE 2042

City-St-Zip: LONGWOOD, FL 32750

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: KELVIN V. LEE

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date