

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003918

FILED
Apr 25, 2008
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:

GRUBER, FRED
740 FLORIDA CENTRAL PARKWAY
SUITE 2042
LONGWOOD, FL 32750 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: LEE, KELVIN
Address: 2287 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: LANGE, BRIAN
Address: 202 CLYDESDALE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: KILLACKY, KIM
Address: 329 RIDGEWOOD ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: GRUBER, FRED
Address: 740 FLORIDA CENTRAL PARKWAY, SUITE 2042
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KELVIN V. LEE

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date