## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001130

FILED Mar 14, 2006 Secretary of State

Entity Name: NORTHEAST VIKING HIGH SCHOOL ATHLETIC BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

5500 16TH STREET NORTH SAINT PETERSBURG, FL 33703

Current Mailing Address: New Mailing Address:

5500 16TH STREET NORTH SAINT PETERSBURG, FL 33703

FEI Number: 54-2142427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, RONALD W YINGLING, RANDY 5500 16TH ST N. 5500 16TH ST N.

ST PETERSBURG, FL 33703 US ST PETERSBURG, FL 33703 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: RANDY YINGLING 03/14/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SMITH, RONALD W
 Name:
 YINGLING, RANDY

 Address:
 5500 16TH ST N
 Address:
 5500 16TH ST N

City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: ST PETERSBURG, FL 33703

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 CILLIAN, MARY J
 Name:
 MOBBERLEY, CINDY

 Address:
 430 44TH AVE NE
 Address:
 5500 16TH ST N

City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: ST PETERSBURG, FL 33703

Title: SD () Delete Title: SD (X) Change () Addition Name: MCCRAW, TY Name: HANLEY, TRACY

 Address:
 5500 16TH ST N.
 Address:
 5500 16TH ST N.

 City-St-Zip:
 ST PETERSBURG, FL 33703
 City-St-Zip:
 ST PETERSBURG, FL 33703

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 REDDING, DAVE

 Address:
 Address:
 5500 16TH ST N

City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33703

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: CINDY MOBBERLEY TD 03/14/2006