

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003672

FILED
May 01, 2009
Secretary of State

Entity Name: PALM HARBOR UNIVERSITY HIGH SCHOOL SWIM BOOSTERS, INC.

Current Principal Place of Business:

1900 OMAHA ST.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1900 OMAHA ST.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3598562 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLSON, TERESA A
506 OCEANVIEW AVE.
PALM HARBOR, FL 34683 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: D () Delete
Name: RUSSO, LISA
Address: 1602 BAYSHORE BLVD.
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: OLSON, TERESA A
Address: 506 OCEANVIEW AVE.
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: ROBERTSON, JANET
Address: 3024 GEIGER COURT
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURPHY, MARY PAT
Address: 195 SHORE DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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

Title: D (X) Change () Addition
Name: WILLEY, ROBIN
Address: 2209 PINNACLE CIRCLE SOUTH
City-St-Zip: PALM HARBOR, FL 34684

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: TERESA OLSON

T

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date