2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N99000007357

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

Current Principal Place of Business:

2872 SEA PINES CIRCLE WEST
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2872 SEA PINES CIRCLE WEST
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3656277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENTZ, ROBERT
2872 SEA PINES CIRCLE WEST
CLEARWATER, FL 33761 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:	O	( ) Delete
Name:	BENTZ, ROBERT L	
Address:	2872 SEA PINES CR W	
City-St-Zip:	CLEARWATER, FL 337613009	
Title:	D	(X) Delete
Name:	MILLER, FLOYD	
Address:	414 MARIVA AVENUE	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	SMITH, R M	
Address:	2197 BRENT PLACE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	VENKER, CINDY	
Address:	1310 FORESTEDGE BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	

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: ROBERT L. BENTZ O 04/10/2008

Electronic Signature of Signing Officer or Director — Date