

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002413

FILED
Feb 24, 2008
Secretary of State

Entity Name: SEMINOLE HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.

Current Principal Place of Business:

2701 RIDGEWOOD AVE.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

2701 RIDGEWOOD AVE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3394585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOMER, DON C
106 FOXRIDGE RUN
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: PD () Delete
Name: AUSTIN, PATRICK
Address: 302 TAMMY DR
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: SCHOMER, DON C
Address: 106 FOXRIDGE RUN
City-St-Zip: LONGWOOD, FL 32750

Title: VP1D () Delete
Name: PAVGOUZAS, DIANA
Address: 537 PICKFAIR TER
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: DE VIERE, MELINDA
Address: 339 BAYMOOR WAY
City-St-Zip: LAKE MARY, FL 32746

Title: VP2D () Delete
Name: WILKS, LAURA
Address: 433 OLD WESTERN TRL
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: DON C SCHOMER

TD

02/24/2008

Electronic Signature of Signing Officer or Director

Date