I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature sh	all 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 all other like empowered.	

PRESIDENT

SIGNATURE: TRACY URSO

I

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of 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.

Officer/Director Detail :				
Title	Р	Title	VPA	
Name	HAWKINS, KARRIE	Name	URSO, TRACY	
Address	10623 WEYBRIDGE DRIVE	Address	10610 ROCHESTER WAY	
City-State-Zip:	TAMPA FL 33626	City-State-Zi	p: TAMPA FL 33626	
Title	т			
Name	VIDMAR, SUE			
Address	12004 WANDSWORTH DRIVE			

## Office

City-State-Zip: TAMPA FL 33626

r/Director Detail :						
	Р	Title	VPA			
	HAWKINS, KARRIE	Name	URSO, TRACY			
6	10623 WEYBRIDGE DRIVE	Address	10610 ROCHESTER WAY			
ite-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626			
	т					
	•					
	VIDMAR, SUE					

**Current Mailing Address:** 

# FEI Number: 26-1100695

## Name and Address of Current Registered Agent:

TAX SOLUTIONS PLUS 112002 RACE TRACK ROAD TAMPA, FL 33626 US

SIGNATURE:

## DOCUMENT# N0700009187

Entity Name: ALONSO HIGH SCHOOL BOOSTER CLUB, INC.

# **Current Principal Place of Business:**

8302 MONTAGUE STREET TAMPA, FL 33635

8302 MONTAGUE STREET

TAMPA, FL 33635

## FILED May 01, 2015 Secretary of State CC0476939053

Certificate of Status Desired: No

Date

05/01/2015 Date