

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90445 005 \*\*\*\*61.25

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 720043</b>                                          |  |
| 1. Entity Name<br><b>BAND BOOSTER ASSOCIATION OF EUSTIS, INC.</b> |                                                                                   |

|                                                                                                                   |                                                             |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br><b>BAND ROOM EUSTIS HIGH SCHOOL<br/>1300 E WASHINGTON AVE<br/>EUSTIS FLA 32726</b> | Mailing Address<br><b>P.O. BOX 1799<br/>EUSTIS FL 32727</b> |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State                                              | City & State                                  |
| Zip Country                                               | Zip Country                                   |

00041102

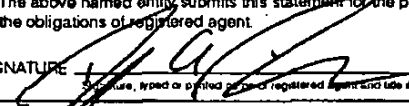


1st MOORE CR2E037 (10/04)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-6145991</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                 |                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>CHAMBERS, ALLEN B JR<br/>1300 WASHINGTON AVE.<br/>EUSTIS FL 32726</b> | 7. Name and Address of New Registered Agent<br>Name <b>Donato, Raymond</b><br>Street Address (P.O. Box Number (s Not Acceptable)) <b>1306 Washington Avenue</b><br>City <b>EUSTIS</b> FL Zip Code <b>32726</b> |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

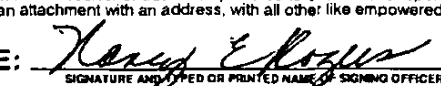
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/26/05**

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCS<br/>GARRETSON, PAULA<br/>1725 BELMONT AVENUE<br/>EUSTIS FL 32726</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>CAREY, JAMES<br/>926 NORTHSIDE DRIVE<br/>MOUNT DORA FL 32757</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DP<br/>Murphy Tracey<br/>21718 Chautauquast<br/>EUSTIS, FL 32736</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPCO<br/>HUFFMAN, KAREN<br/>1412 WASHINGTON AVENUE<br/>EUSTIS FL 32726</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP<br/>BARTLETT, MARSHA<br/>37275 HWY 452<br/>GRAND ISLAND FL 32735</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DVP<br/>Zago-ski, Lari<br/>103 Ridgeview Dr<br/>EUSTIS, FL 32726</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>ROGERS, NANCY<br/>2508 CHERRY BLOSSOM COURT<br/>EUSTIS FL 32726</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director Community Relations<br/>Lopez, Cheryl<br/>3000 LK Woodward Dr<br/>EUSTIS, FL 32726</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>CAREY, BETH<br/>926 NORTHSIDE DRIVE<br/>MOUNT DORA FL 32757</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D-4th grade Rep<br/>Vater, Nina<br/>1289 Old Mt Dora Rd<br/>EUSTIS FL 32726</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/26/05** DAYTIME PHONE # **407-257-9257**

*Karen L. Huffman* **4/3/05**