## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009597

Entity Name: WESTGLADES MIDDLE SCHOOL BAND BOOSTERS, INC.

FILED May 11, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
RANDY POLLACK C/O 5260 NW 106 DR CORAL SPRINGS, FL 33076				JOHN SCHERER C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067			
Current Mailing Address:				New Mailing Address:			
RANDY POLLACK C/O 5260 NW 106 DR CORAL SPRINGS, FL 33076				JOHN SCHERER C/O 7520 E CYPRESSHEAD DR PARKLAND, FL 33067			
FEI Number: 2	20-0260003	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired	d()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US  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.	ibilits this statement for the pur	pose o	i changing it	s registered	a office of registered agent, t	or bour,
SIGNATUR	E:						
	Electronic	Signature of Registered Agent	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SCHERER, JOHN	K C/O 5260 NW 106 DR		Title: Name: Address: City-St-Zip:	SCHERER, S	RESSHEAD DR	
Title: Name: Address: City-St-Zip:	EPSTEIN, HEIDI	Delete K. C/O 5260 NW 106 DR S, FL 33076		Title: Name: Address: City-St-Zip:	EPSTEIN, H	CYPRESSHEAD DR	
Title: Name: Address: City-St-Zip:	D () E POLLACK, RAND 5260 NW 106 DE CORAL SPRINGS	₹		Title: Name: Address: City-St-Zip:	SANTO, JUD	CYPRESSHEAD DR	
Title: Name: Address: City-St-Zip:	()[	)elete		Title: Name: Address: City-St-Zip:	ANDERSON,	CYPRESSHEAD DR	
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	SHUTOWICK	CYPRESSHEAD DR	
Title: Name: Address: City-St-Zip:	( ) [	Delete		Title: Name: Address: City-St-Zip:	KIRBY, DEB	CYPRESSHEAD DR	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN SCHERER D 05/11/2004