

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009597

FILED
Jun 05, 2006
Secretary of State

Entity Name: WESTGLADES MIDDLE SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business:

JOHN SCHERER C/O 7520 E CYPRESSHEAD DR
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

JOHN SCHERER C/O 7520 E CYPRESSHEAD DR
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 20-0260003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: SCHERER, JOHN
Address: 7520 E CYPRESSHEAD DR
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: ARRONOWITZ, CARRIE
Address: C/O 7520 E CYPRESSHEAD DR
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: COLLANGALO, ANN
Address: C/O 7520 E CYPRESSHEAD DR
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: ANDERSON, ELLEN
Address: C/O 7520 E CYPRESSHEAD DR
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: SHUTOWICK, JONNA
Address: C/O 7520 E CYPRESSHEAD DR
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: STEELE, RITA
Address: C/O 7520 E CYPRESSHEAD DR
City-St-Zip: PARKLAND, FL 33067

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:

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 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: JOHN SCHERER

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06/05/2006

Electronic Signature of Signing Officer or Director

_____ Date