2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90077 008 ****61.25

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1. Entity Name
MIRAMAR HIGH SCHOOL BAND BOOSTERS, INC.

40014643

01062005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
13117 SW 49TH COURT MIRAMAR, FL 33027-5539	13117 SW 49TH COURT MIRAMAR, FL 33027-5539

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 86-1116298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, CARMEN 13117 SW 49TH COURT MIRAMAR, FL 33027-5539	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, CARMEN		NAME		
STREET ADDRESS	13117 SW 49TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 330275539		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARNES, GRACE		NAME		
STREET ADDRESS	3160 THAMES WAY		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COMFORT, LEANNA		NAME		
STREET ADDRESS	2910 BUTTONWOOD AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CRUM, DEBBIE		NAME		
STREET ADDRESS	11910 NW 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BETHEL, FRED		NAME		
STREET ADDRESS	2919 SW 67TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DESSIEUX, LUC PARLIAM		NAME		
STREET ADDRESS	712 SW 6TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		

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: Anne Williams 2/4/05 305-829-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #