

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007940

FILED
Sep 09, 2009
Secretary of State

Entity Name: THE KING HIGH SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business:

1915 47TH STREET S.
TAMPA, FL 33619

New Principal Place of Business:

6515 56TH STREET
TAMPA, FL 33610

Current Mailing Address:

1915 47TH STREET S.
TAMPA, FL 33619

New Mailing Address:

P.O. BOX 291260
TAMPA, FL 33617

FEI Number: 20-3252063 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:

SLEEPER, BRENT E
1915 47TH ST S
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

MILLER, R. GAYLE
333 FERN CLIFF AVE
TEMPLE TERRACE, FL 33617 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.

SIGNATURE: R. GAYLE MILLER

09/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYAN, ANNET
Address: 1915 47TH STREET S.
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: LAKE, SANDRA
Address: 1915 47TH STREET S.
City-St-Zip: TAMPA, FL 33619

Title: STD () Delete
Name: SLEEPER, BRENT
Address: 1915 47TH STREET S.
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRISH, CONTARDO
Address: P.O. BOX 291260
City-St-Zip: TAMPA, FL 33617

Title: S (X) Change () Addition
Name: HARNISH, KIM
Address: P.O. BOX 291260
City-St-Zip: TAMPA, FL 33617

Title: T (X) Change () Addition
Name: MILLER, GAYLE
Address: P.O. BOX 291260
City-St-Zip: TAMPA, FL 33617

Title: D () Change (X) Addition
Name: GRAHAM, DAKEYAN
Address: P.O. BOX 291260
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify 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: R. GAYLE MILLER

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09/09/2009

Electronic Signature of Signing Officer or Director

Date