## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007255

FILED Jan 25, 2008 Secretary of State

Entity Name: DUNCAN U. FLETCHER HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
700 SEAG	AN U. FLETCHER HIGH SCHOOL BATE AVE E BEACH, FL 32266	
Current Mailing Address:		New Mailing Address:
700 SEAG	AN U. FLETCHER HIGH SCHOOL BATE AVE E BEACH, FL 32266	
El Number	r: 20-5185351 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
BOHN, CI 8560 S TH JACKSON		
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered A	gent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Jame: Address: City-St-Zip:	D ( ) Delete MISCO, ROBYN 14019 BEACH BLVD - # 960 JACKSONVILLE, FL 32250	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: ddress: city-St-Zip:	D ( ) Delete WALLACE, BELINDA 551 PEREGRINE CT JACKSONVILLE, FL 32225	Title: D (X) Change ( ) Addition Name: PETERSON, ELIZABETH Address: 700 SEAGATE AVENUE City-St-Zip: NEPTUNE BEACH, FL 32266
Title: Name: Nddress:	D ( ) Delete RICHARDSON, ALICE 700 SEAGATE AVE NEPTUNE BEACH, FL 32266	Title: D (X) Change ( ) Addition Name: DUFRESNE, HOLLY Address: 700 SEAGATE AVE City-St-Zip: NEPTUNE BEACH, FL 32266
City-St-Zip:		
City-St-Zip: Title: Jame: Address: City-St-Zip:	D () Delete NIZNIK, LOUANN 13113 WILDFLOWER PLACE WEST JACKSONVILLE, FL 32246	Title: D (X) Change ( ) Addition Name: SKENES, MAYAN Address: 700 SEAGATE AVENUE City-St-Zip: NEPTUNE BEACH, FL 32266
itle: lame: lddress:	NIZNIK, LOUANN 13113 WILDFLOWER PLACE WEST	Name: SKENES, MAYAN Address: 700 SEAGATE AVENUE

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: CINDY B. BOHN D 01/25/2008