

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007255

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

% DUNCAN U. FLETCHER HIGH SCHOOL
700 SEAGATE AVE
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

% DUNCAN U. FLETCHER HIGH SCHOOL
700 SEAGATE AVE
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 20-5185351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHN, CINDY B
3560 S THIRD ST
JACKSONVILLE BEACH, FL 32250 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: MISCO, ROBYN
Address: 14019 BEACH BLVD - # 960
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: PETERSON, ELIZABETH
Address: 700 SEAGATE AVENUE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: DUFRESNE, HOLLY
Address: 700 SEAGATE AVE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: SKENES, MAYAN
Address: 700 SEAGATE AVENUE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D (X) Delete
Name: KNOWLES, EILEEN
Address: 4015 DEMERY DR WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: D (X) Delete
Name: BOHN, CINDY B
Address: 3560 SOUTH THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOHN, CINDY
Address: 3560 S. THIRD ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RICHARD, ELAINE
Address: 700 SEAGATE AVENUE
City-St-Zip: NEPTUNE BEACH, FL 32266

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 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: HOLLY DUFRESNE

D

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date