


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90064 042 \*\*\*\*61.25

**DOCUMENT # N06000008610**

1. Entity Name  
**NEWBERRY HIGH SCHOOL BAND BOOSTERS INC.**



Principal Place of Business  
**NEWBERRY HIGH SCHOOL  
 400 SW 258TH ST  
 NEWBERRY, FL 32669**

Mailing Address  
**NEWBERRY HIGH SCHOOL  
 400 SW 258TH ST  
 NEWBERRY, FL 32669**

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2. Principal Place of Business - No P.O. Box #  
**NEWBERRY HIGH SCHOOL**

3. Mailing Address  
**NEWBERRY HIGH SCHOOL**

Suite, Apt. #, etc.  
**400 SW 258th ST**

Suite, Apt. #, etc.  
**400 SW 258th ST**

City & State  
**NEWBERRY FL**

City & State  
**NEWBERRY**

Zip  
**32669**

Country  
**USA**

Zip  
**32669**

Country  
**USA**

06252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3779765**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DADDIO, PAULA  
 2607 SW 298TH ST  
 NEWBERRY, FL 32669**

7. Name and Address of New Registered Agent  
 Name: **same as before**  
 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 *Paula Daddio* DATE **7-5-07**

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 September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHORT, M. ANNETTE 7480 SE COUNTY RD 341 TRENTON, FL 32693</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (Francis) Michelle Hart-Wiltbaur 12129 SW 15th ST ARCHER FL 32618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DADDIO, PAULA 2607 SW 298TH ST NEWBERRY, FL 32669</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT EAGLE, PAULINE 4221 SW 266TH ST NEWBERRY, FL 32669</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Francis Michelle Hart-Wiltbaur* **PRESIDENT** DATE **7/05/07** DAYTIME PHONE # **352-222-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #