

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 24, 2009  
Secretary of State

DOCUMENT# N07000003550

Entity Name: NEWSOME BAND BOOSTERS, INC.

**Current Principal Place of Business:**

16550 FISHHAWK BLVD.  
NEWSOME HIGH SCHOOL  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

16550 FISHHAWK BLVD.  
NEWSOME HIGH SCHOOL  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 65-1314141      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDNER, JOHN W. ESQ.  
221 E. ROBERTSON ST.  
BRANDON, FL 33511 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: P ( ) Delete  
Name: HYNDS, DOUG  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: VP ( ) Delete  
Name: DAWSON, DAVID  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: S ( ) Delete  
Name: COLAMETA, HOPE  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: ADAMS, MARK  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: KNIGHTS, MARK  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: HOPE COLAMETA

S

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date