

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003550

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** NEWSOME BAND BOOSTERS, INC.

**Current Principal Place of Business:**

16550 FISHHAWK BOULEVARD  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 286  
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  
Name: QUICHOCHO, VIVIAN  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: VP  
Name: HALVERSON, KAREN  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: S  
Name: FERN, BARB  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: T  
Name: ADAMS, SHANNON  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: D  
Name: BURCHFIELD, CYNTHIA  
Address: 16550 FISHHAWK BLVD  
City-St-Zip: LITHIA, FL 33547

Title: D  
Name: PARISH, JOYCE  
Address: 16550 FISHHAWK BOULEVARD  
City-St-Zip: LITHIA, FL 33547

I hereby 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 all other like empowered.

SIGNATURE: SHANNON ADAMS

T

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date