

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010643

FILED
Feb 26, 2009
Secretary of State

Entity Name: BENITO MIDDLE SCHOOL ORCHESTRA BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

BENITO MIDDLE SCHOOL
10101 CROSS CREEK BLVD
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

BENITO MIDDLE SCHOOL
10101 CROSS CREEK BLVD
TAMPA, FL 33647

New Mailing Address:

FEI Number: 26-1200034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SABO, DIANE M
10101 CROSS CREEK BLVD
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

SABO, DIANE M
10322 RIVERBURN DR
TAMPA, FL 33647 US

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:

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: INDELICATO, LISA MS
Address: 10101 CROSS CREEK BLVD.
City-St-Zip: TAMPA, FL 33647 US

Title: TRES () Change (X) Addition
Name: NELSON, ALICIA MS
Address: 10101 CROSS CREEK BLVD
City-St-Zip: TAMPA, FL 33647 US

Title: SECT () Change (X) Addition
Name: NESTOR, JANICE MS
Address: 10101 CROSS CREEK BLVD.
City-St-Zip: TAMPA, FL 33647

Title: DIR () Change (X) Addition
Name: FAWK, COLLEEN MS
Address: 10101 CROSS CREEK BLVD.
City-St-Zip: TAMPA, FL 33647 US

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: ALICIA NELSON

TRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date