

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90022 011 \*\*\*\*61.25

DOCUMENT # N95000003494  
 1. Entity Name  
 SEBASTIAN RIVER HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business  
 9001 SHARK BLVD.  
 SEBASTIAN, FL 32958

Mailing Address  
 9001 SHARK BLVD.  
 SEBASTIAN, FL 32958

50022490



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
 31-1466575

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
 GALE, CINDY  
 104 ODGEN AVENUE  
 SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent  
 Name: Jenna Boineau  
 Street Address (P.O. Box Number is Not Acceptable): 632 WALLIS AVE  
 City: SEBASTIAN FL Zip Code: 32958

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: Jenna Boineau - Treasurer DATE: 7/9/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by September 6, 2006

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONAHEY, ROBIN 322 QUARRY LANE SEBASTIAN, FL 32958 <i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> GALE, CINDY 104 ODGEN AVENUE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> HINES, NANCY 12524 ROSELAND ROAD SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> ROBERTSON, LINDA 1013 OLDE DABLOON DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> JENNA BOINEAU 632 WALLIS AVE SEBASTIAN FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> PATRICIA O'HARE 350 Georgia BLVD SEBASTIAN FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPresident</u> DIANA BEST 826 GRANATA AVE SEBASTIAN FL 32958
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"/> 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: Jenna Boineau Jenna Boineau DATE: 7/9/06 (772)581-1951  
Signature and typed or printed name of signing officer or director Daytime Phone #