

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002294

1. Entity Name
R.H.S. BAND BOOSTERS, INC.



Principal Place of Business
**1000 SCHOOL AVE.
PANAMA CITY, FL 32401**

Mailing Address
**P.O. BOX 3194
PANAMA CITY, FL 32401-0194**



DO NOT WRITE IN THIS SPACE

04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3571682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, HAROLD R
227 PINE STREET
PANAMA CITY, FL 32404**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000336875
04/27/05 00144 000 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HARRIS, CATHERINE
227 PINE STREET
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WEATHERMAN, LAMAR
6101 WALLACE ROAD
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GOUSMAN, JERRY
1941 HWY 2297
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Catherine Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05

Date

850-769-0075

Daytime Phone #