

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90010 032 ****61.25

DOCUMENT # N01000006282 1. Entity Name NEASE BAND BOOSTERS, INC.																													
Principal Place of Business 10550 RAY ROAD ST AUGUSTINE, FL 32095				Mailing Address 10550 RAY ROAD ST AUGUSTINE, FL 32095																									
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent PERRINE, ROSANNE P 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name <u>Rosanne P. Perrine, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Executive Way</u> <u>Suite 112</u> City <u>Ponte Vedra Beach</u> FL Zip Code <u>32082</u>																									
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 <u>Rosanne P. Perrine</u>		SIGNATURE <u>Rosanne P. Perrine</u>		DATE <u>1-13-2004</u>																									
Filing Fee is \$61.25 Due by May 1, 2004		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:15%;">D</td> <td style="width:15%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>PERRINE, GREG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>133 MILL COVE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> </table>			TITLE	D	☒ Delete	NAME	PERRINE, GREG		STREET ADDRESS	133 MILL COVE LANE		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:15%;">Director</td> <td style="width:15%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Barb Wenger</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10550 Ray Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST AUGUSTINE FL 32095</td> <td></td> </tr> </table>			TITLE	Director	☐ Change ☒ Addition	NAME	Barb Wenger		STREET ADDRESS	10550 Ray Road		CITY-ST-ZIP	ST AUGUSTINE FL 32095	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <u>Juanita E. Dorsett</u>		SIGNATURE <u>Juanita E. Dorsett</u>		DATE <u>1/13/04</u>																									
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