2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715770

FILED Apr 02, 2005 Secretary of State

Entity Name: SEMINOLE HIGH SCHOOL BAND ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2701 RIDGEWOOD AVE SANFORD, FL 327734999 **Current Mailing Address: New Mailing Address:** PO BOX 952461 LAKE MARY, FL 327952461 FEI Number: 59-6153333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUECK, ESTHER L MRS 155 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SCHOTTEN, MICHAEL MR. GALLARDO, MIQUEL MR. Name: Name: 1004 TROUT CREEK COURT Address: 347 SPRINGVIEW DRIVE Address: City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: SANFORD, FL 32773 US Title: VD () Delete Title: (X) Change () Addition GARCIA, ELS MRS. Name: SISALEUMSAK, TERRY MRS. Name: Address: 190 CHERRYWOOD DRIVE Address: 418 WEST CRYSTAL DRIVE City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: SANFORD, FL 32773 US Title: () Delete Title: SD (X) Change () Addition GITZKE, ANN MRS PACE, TERRI MRS Name: Name: 2901 S PARK AVE Address: Address: 453 SUNDOWN TRAIL City-St-Zip: SANFORD, FL 32773 US City-St-Zip: CASSELBERRY, FL 32707 US Title: TD () Delete Title: () Change () Addition Name: BRUECK, ESTHER L MRS. Name: Address: 155 SPRING ISLE TRAIL Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: () Delete Title: () Change (X) Addition DEAN, NICOLE MRS. Name: Name: 626 FRUITWOOD AVENUE Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS,, FL 32708 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ESTHER L. BRUECK TD 04/02/2005