

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726521

FILED
May 10, 2007
Secretary of State

Entity Name: FOREST HIGH SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business:

5000 SE MARICAMP RD
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

C/O FOREST HIGH SCHOOL
5000 SE MARICAMP ROAD
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-2463574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEXANDER, JODY
5000 SE MARICAMP RD
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: FULKERSON, MARY
Address: 16 PECAN PASS DR
City-St-Zip: OCALA, FL 34472

Title: VD () Delete
Name: NEAL, NIKKI
Address: 104 SE 19 STREET
City-St-Zip: OCALA, FL 34471

Title: TD () Delete
Name: IVETTE, NEVAREZ
Address: 4226 SE 7 PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALBERRY, SCOTT
Address: 5000 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34480

Title: VD (X) Change () Addition
Name: BENDALL, JON
Address: 5000 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34480

Title: TD (X) Change () Addition
Name: TIGHT, JOHN
Address: 5000 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34480

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: JOHN E. TIGHT

TD

05/10/2007

Electronic Signature of Signing Officer or Director

Date