2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000006282

Entity Name: NEASE BAND BOOSTERS, INC.

Current Principal Place of Business:

10550 RAY ROAD
PONTE VEDRA, FL 32081

New Principal Place of Business:

Current Mailing Address:

10550 RAY ROAD
PONTE VEDRA, FL 32081

New Mailing Address:

FEI Number: 59-3742151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUNKEL, NATALIE T
10550 RAY ROAD
PONTE VEDRA, FL 32081 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: P ( ) Delete
Name: KUNKEL, NATALIE T
Address: 10550 RAY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: V ( ) Delete
Name: HARTRIM, JANET
Address: 10550 RAY ROAD
City-St-Zip: PONTE VEDRA, FL 32081

Title: T ( ) Delete
Name: LEININGER, CINDY
Address: 10550 RAY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: S ( ) Delete
Name: THOMPSON, MARTIE
Address: 10550 RAY RD.
City-St-Zip: PONTE VEDRA, FL 32081

Title: S ( ) Delete
Name: MYERS, SHERRY
Address: 10550 RAY ROAD
City-St-Zip: PONTE VEDRA, FL 32081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMPSON, MARTIE
Address: 10550 RAY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ROBINSON, LISA E
Address: 10550 RAY RD
City-St-Zip: PONTE VEDRA, FL 32081

Title: T (X) Change ( ) Addition
Name: CARUSO, LESLIE
Address: 10550 RAY RD.
City-St-Zip: PONTE VEDRA, FL 32081

Title: S (X) Change ( ) Addition
Name: ROLKE, JEAN
Address: 10550 RAY ROAD
City-St-Zip: PONTE VEDRA, FL 32081

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: LISA E ROBINSON T 04/27/2009

Electronic Signature of Signing Officer or Director — Date