

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003550

**Entity Name:** NEWSOME BAND BOOSTERS, INC.

**Current Principal Place of Business:**

16550 FISHHAWK BOULEVARD  
LITHIA, FL 33547

**Current Mailing Address:**

POST OFFICE BOX 286  
LITHIA, FL 33547

**FEI Number:** 65-1314141

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARDNER, JOHN W. ESQ.  
221 E. ROBERTSON ST.  
BRANDON, FL 33511 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

**Officer/Director Detail :**

Title	P	Title	VICE PRESIDENT OF OPERATIONS
Name	OCHALEK, HEATHER	Name	SMITH, BRYAN
Address	16550 FISHHAWK BLVD	Address	16550 FISHHAWK BLVD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547
Title	T	Title	SECRETARY
Name	LESH, KRISTIN	Name	BARNISH, SUSAN
Address	16550 FISHHAWK BLVD	Address	16550 FISHHAWK BOULEVARD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547
Title	ASST. TREASURER	Title	VICE PRESIDENT OF MEMBERSHIP
Name	BERNOCCO, SALLY	Name	BRUMLEY, SUNSHINE
Address	16550 FISHHAWK BOULEVARD	Address	16550 FISHHAWK BOULEVARD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547

*I hereby 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 all other like empowered.*

**SIGNATURE:** HEATHER OCHALEK

**PRESIDENT**

**04/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date