

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005418

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC8141633616**

**Entity Name:** HB PLANT HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC

**Current Principal Place of Business:**

2415 S. HIMES AVE.  
TAMPA, FL 33629

**Current Mailing Address:**

2415 S. HIMES AVE.  
TAMPA, FL 33629

**FEI Number:** 27-0327643

**Certificate of Status Desired:** No

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

DELL, BRIAN  
2415 S. HIMES AVE.  
TAMPA, FL 33629 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:** BRIAN DELL

04/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCELWANEY, KATHY  
Address 4821 W. SAN JOSE ST  
City-State-Zip: TAMPA FL 33629

Title VP  
Name TAYLOR, CERESE  
Address 3315 S. MANHATTEN  
City-State-Zip: TAMPA FL 33629

Title VP  
Name ROVIRA, NATALY  
Address 3216 W. DELEON ST, #7  
City-State-Zip: TAMPA FL 33609

Title VP  
Name BROOKS, DEBBIE  
Address 3017 EUCLID AVE  
City-State-Zip: TAMPA FL 33629

Title T  
Name JOHNSON, JENNIFER  
Address 5005 S. SUNSET BLVD  
City-State-Zip: TAMPA FL 33629

Title S  
Name THEMIDES, KATHLEEN  
Address 4630 W. LAMB AVE  
City-State-Zip: TAMPA FL 33629

*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:** JENNIFER JOHNSON

**TREASURER**

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date