

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

DOCUMENT# N09000005418

**Entity Name:** HB PLANT HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC8141633616****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	Title	VP
Name	MCELWANEY, KATHY	Name	TAYLOR, CERESE
Address	4821 W. SAN JOSE ST	Address	3315 S. MANHATTEN
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629
Title	VP	Title	VP
Name	ROVIRA, NATALY	Name	BROOKS, DEBBIE
Address	3216 W. DELEON ST, #7	Address	3017 EUCLID AVE
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33629
Title	T	Title	S
Name	JOHNSON, JENNIFER	Name	THEMIDES, KATHLEEN
Address	5005 S. SUNSET BLVD	Address	4630 W. LAMB AVE
City-State-Zip:	TAMPA FL 33629	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