

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 05, 2018
Secretary of State
CC1904107232

Entity Name: RAINES BAND BOOSTERS, INCORPORATED

Current Principal Place of Business:

3663 RAINES AVENUE
C/O BAND BOOSTERS
JACKSONVILLE, FL 32209

Current Mailing Address:

3663 RAINES AVENUE
C/O BAND BOOSTERS
JACKSONVILLE, FL 32209 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLOMON, DONZALO
501 EAST BAY STREET
JACKSONVILLE, FL 32202 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: DONZALO SOLOMON

05/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SOLOMON, SARITA
Address 342 E. 9TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title VP
Name WARREN, TAMMARRA
Address 6840 VAN GUNDY RD
City-State-Zip: JACKSONVILLE FL 32208

Title PRESIDENT
Name DAILEY, BRIAN
Address 2775 MYRA ST
City-State-Zip: JACKSONVILLE FL 32205

Title ASST. SECRETARY
Name DAILEY, LANELL
Address 2775 MYRA STREET
City-State-Zip: JACKSONVILLE FL 32205

Title SECRETARY
Name DAVIS, ROSA
Address 3663 RAINES AVENUE
 C/O BAND BOOSTERS
City-State-Zip: JACKSONVILLE FL 32209

Title CHAIRMAN
Name SOLOMON, DONZALO
Address 501 EAST BAY STREET
City-State-Zip: JACKSONVILLE FL 32202

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: DONZALO SOLOMON

CHAIRMAN

05/05/2018

Electronic Signature of Signing Officer/Director Detail

Date