

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717570

FILED
Mar 03, 2008
Secretary of State

Entity Name: LARGO HIGH BAND BOOSTERS, INC.

Current Principal Place of Business:

410 MISSOURI AVE
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

410 MISSOURI AVENUE N
LARGO, FL 33770

New Mailing Address:

FEI Number: 23-7299702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON-COX, SUSAN
1705 NEEDLES LANE EAST
LARGO, FL 33771 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: PRES () Delete
Name: JOHNSON-COX, SUSAN
Address: 1705 NEEDLES LANE EAST
City-St-Zip: LARGO, FL 33771

Title: VP () Delete
Name: LOMBARDI, LINDA
Address: 726 PATERSON STREET
City-St-Zip: CLEARWATER, FL 33756

Title: 2VP () Delete
Name: VAZQUEZ, VICKI
Address: 723 PATERSON STREET
City-St-Zip: CLEARWATER, FL 33756

Title: SEC () Delete
Name: BRODIE, CRYSTAL
Address: 7187 111TH ST N
City-St-Zip: SEMINOLE, FL 33772

Title: TREA () Delete
Name: RIVERA, LUISA
Address: 15133 HARDING AVENUE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SUSAN JOHNSON-COX

PRES

03/03/2008

Electronic Signature of Signing Officer or Director

Date