

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719341

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** WINTER HAVEN HIGH SCHOOL BAND BOOSTERS, INC..

**Current Principal Place of Business:**

WINTER HAVEN HIGH SCHOOL  
600 6TH ST S.E  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

WINTER HAVEN HIGH SCHOOL BAND  
600 6TH ST S.E  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 59-6550050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HALE, AIMEE L  
1716 SANDALWOOD CIR SW  
WINTER HAVEN, FL 33880 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: TD ( ) Delete  
Name: HALE, AIMEE L  
Address: 1716 SANDALWOOD CIR SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: CARTER, DAVE  
Address: 137 5TH STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD ( ) Delete  
Name: DINOCOLA, KAREN  
Address: 443 BROWARD TERRACE SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete  
Name: PORTER, LINDA  
Address: 125 CHAUCER LANE  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: MCCARD, ROBERTA  
Address: 1963 CAMELOT CIRCLE SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: P (X) Change ( ) Addition  
Name: CARTER, DAVE  
Address: 137 5TH STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S (X) Change ( ) Addition  
Name: DINOCOLA, KAREN  
Address: 443 BROWARD TERRACE SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP (X) Change ( ) Addition  
Name: PORTER, LINDA  
Address: 125 CHAUCER LANE  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the 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: AIMEE HALE

RA

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date