

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719341

FILED
Apr 28, 2007
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 ()

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:

MCCARD, ROBERTA E
1963 CAMELOT CT SW
WINTER HAVEN, FL 33880 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: ROBERTA E MCCARD

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: POWELL, JP
Address: 2500 21 ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: S (X) Change () Addition
Name: APPELBOOM, MINDY
Address: 215 COLEMAN DRIVE SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP (X) Change () Addition
Name: SMELSER, CRAIG
Address: 441 ALACHUA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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: ROBERTA E MCCARD

T

04/28/2007

Electronic Signature of Signing Officer or Director

Date