

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90004 005 ****61.25

DOCUMENT # 720043

1. Entity Name

BAND BOOSTER ASSOCIATION OF EUSTIS, INC.



Principal Place of Business

BAND ROOM EUSTIS HIGH SCHOOL
1300 E WASHINGTON AVE
EUSTIS FLA 32726

Mailing Address

P.O. BOX 1799
EUSTIS FL 32727



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-5145991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONATO, RAYMOND
1300 WASHINGTON AVENUE
EUSTIS FL 32726

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	GARRETSON, PAULA	
STREET ADDRESS	1725 BELMONT AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D P	<input type="checkbox"/> Delete
NAME	MURPHY, TRACEY	
STREET ADDRESS	21718 CHAWTEUQUAST	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HUFFMAN, KAREN	
STREET ADDRESS	1412 WASHINGTON AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ZAGORSKI, LORI	
STREET ADDRESS	103 RIDGEWATER DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, XHERYL	
STREET ADDRESS	3000 LK WOODWARD DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	VATTER, NINA	
STREET ADDRESS	1289 OLD MT. DORA ROAD	
CITY-ST-ZIP	EUSTIS FL 32726	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Oliver	
STREET ADDRESS	201 Bryan Street	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Peavey	
STREET ADDRESS	34632 Nashida Blvd.	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paula J. Garretson Paula J Garretson 5/1/06 352-468-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Desktop Phone #