

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6145991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DONATO, RAYMOND
1300 WASHINGTON AVENUE
EUSTIS, FL 32726**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

U000000578836
01/08/07-80045-014 61.25
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GARRETSON, PAULA
1725 BELMONT AVENUE
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D P
MURPHY, TRACEY
21718 CHAWTEUQUAST
EUSTIS, FL 32736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
OLIVER, SUSAN
201 BRYAN ST.
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
ZAGORSKI, LORI
103 RIDGEWATER DRIVE
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEAVEY, CHERYL
34632 NASHUA BLVD
SORRENTO, FL 32776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VATTER, NINA
1289 OLD MT. DORA ROAD
EUSTIS, FL 32726**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Tracey Murphy* **TRACEY MURPHY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-07 (35) 217-4328