

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 07, 2005
Secretary of State

DOCUMENT# 720168

Entity Name: RIVERDALE BAND BOOSTERS CLUB, INC.**Current Principal Place of Business:**2600 BUCKINGHAM ROAD
FT.MYERS, FL 33905 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 50093
FORT MYERS, FL 33994 US**New Mailing Address:****FEI Number:** 23-7095527**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CASTILLO, JEANNIE
7819 MONROE AVE.
LEHIGH ACRES, FL 33972 US**Name and Address of New Registered Agent:**FLORES, JESSE
4680 LONG LAKE DR
FORT MYERS, FL 33905 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: JESSE FLORES

10/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TD () Delete
Name: WILLIAMS, VICKI
Address: 17800 CHESTERFIELD RD
City-St-Zip: N FT MYERS, FL 33917**Title:** DV () Delete
Name: CALEF, CATHY
Address: 578 CHAMONIX AVE. S.
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** PD () Delete
Name: CASTILLO, JEANNIE
Address: 1819 MONROE AVE.
City-St-Zip: LEHIGH ACRES, FL 33972**Title:** S () Delete
Name: BEDWELL, SHEILA
Address: 2140 PONCE CT.
City-St-Zip: FORT MYERS, FL 33905**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TD (X) Change () Addition
Name: BOONE, TINA
Address: 3725 KESSLER STREET
City-St-Zip: FORT MYERS, FL 33905**Title:** DV (X) Change () Addition
Name: WALTERS, MARSHA
Address: 406 5TH
City-St-Zip: LEHIGH ACRES, FL 33972**Title:** PD (X) Change () Addition
Name: FLORES, JESSE
Address: 4680 LONG LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33905**Title:** S (X) Change () Addition
Name: DUNCAN, CHERYL
Address: 15681 SPRING LINE LANE
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TINA BOONE

TD

10/07/2005

Electronic Signature of Signing Officer or Director

Date