

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720168**

1. Entity Name  
**RIVERDALE BAND BOOSTERS CLUB, INC.**



Principal Place of Business  
**2600 BUCKINGHAM ROAD  
FT. MYERS, FL 33905 US**

Mailing Address  
**PO BOX 50093  
FORT MYERS, FL 33994 US**



02272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7095527**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FLORES, JESSE  
4680 LONG LAKE DR  
FORT MYERS, FL 33905**

**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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**UD0000472565  
03/29/06-80041-021 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BOONE, TINA  
3725 KESSLER STREET  
FORT MYERS, FL 33905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
WALTERS, MARSHA  
406 5TH  
LEHIGH ACRES, FL 33972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FLORES, JESSE  
4680 LONG LAKE DRIVE  
FORT MYERS, FL 33905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DUNCAN, CHERYL  
15681 SPRING LINE LANE  
FORT MYERS, FL 33905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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** *Tina L. Boone* **Tina L. Boone**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-06**  
Date

**234-335-2236**  
Daytime Phone