2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# 721284

Entity Name: ST. PETERSBURG HIGH SCHOOL BAND BOOSTER ASSOCIATION OF ST. PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:

2501 - 5TH AVE N
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

2501 - 5TH AVE N
ST PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 59-1948460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BENNETT, AL
2501 5TH AVENUE NORTH
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WILLIAMS, SHARON
Address: 1898 LAKEWOOD DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: VP ( ) Delete
Name: FRY, SHERRL
Address: 1240 15TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: SECR ( ) Delete
Name: STEINER, CLARICE
Address: 2516 64TH PLACE N.
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: TRES ( ) Delete
Name: ROBINSON, JIM
Address: 2836 HERON PLACE
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: FRY, SHERRL
Address: 1240 - 15TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: SECR (X) Change ( ) Addition
Name: STEINER, CLARICE
Address: 2516 - 64TH PLACE N.
City-St-Zip: ST. PETERSBURG, FL 33702 US

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

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: SHARON WILLIAMS PRES 06/25/2009
Electronic Signature of Signing Officer or Director — Date