

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90041 034 \*\*\*\*61.25

**DOCUMENT # 722369**

1. Entity Name  
**BUCHHOLZ BAND BOOSTERS, INC.**



Principal Place of Business  
 5510 N.W. 27TH AVE.  
 GAINESVILLE, FL 32606-6405

Mailing Address  
 5510 N.W. 27TH AVE.  
 GAINESVILLE, FL 32606-6405

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

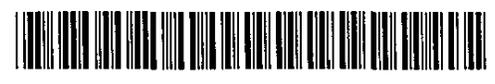
Zip Country Zip Country

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0217165**

Applied For  
 Not Applicable

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



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

**THORNTON, PAULA**  
**5510 NW 27 AVE**  
**GAINESVILLE, FL 32606**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RIGGS, CHRISTINE W	
STREET ADDRESS	5025 NW 51 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, PAMELA	
STREET ADDRESS	2119 SW 78TH TER.	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARHAM, LESLIE.	
STREET ADDRESS	2105 NW 36TH DR.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLETTE, PHYLLIS	
STREET ADDRESS	6313 NW 93RD TERR.	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, CURTIS F. JR.	
STREET ADDRESS	1713 NW 71 ST ST	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIND, BARBARA	
STREET ADDRESS	8007 SW 43RD PLACE	
CITY-ST-ZIP	Gainesville, FL 32608	
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		<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 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 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:** *Phyllis Swette* **2/13/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #