

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722369

FILED
Apr 29, 2005
Secretary of State

Entity Name: BUCHHOLZ BAND BOOSTERS, INC.

Current Principal Place of Business:

5510 N.W. 27TH AVE.
GAINESVILLE, FL 326066405

New Principal Place of Business:

Current Mailing Address:

5510 N.W. 27TH AVE.
GAINESVILLE, FL 326066405

New Mailing Address:

FEI Number: 59-0217165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNTON, PAULA
5510 NW 27 AVE
GAINESVILLE, FL 32606 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: P () Delete
Name: FRANKLIN, CURTIS F JR
Address: 1713 NW 71ST ST
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: LIND, BARBARA
Address: 8007 SW 43RD PL
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: PARHAM, LESLIE
Address: 2105 NW 36TH DR.
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: GILLETTE, PHYLLIS
Address: 6313 NW 93RD TERR.
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PGILLETTE

TRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date