


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90028 008 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3077713 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PD WINKLER, RICK		STREET ADDRESS	5510 NW 27TH AVE	
CITY-ST-ZIP	925 NW 52ND TERR GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE, FL 32606-6405	
TITLE	VPD RAMBO, TRACY	<input checked="" type="checkbox"/> Delete	TITLE	KATHY BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2315 NW 38TH DR		STREET ADDRESS	5510 NW 27TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	C/O BUCHHOLZ HIGH SCHOOL 32606	
TITLE	SD PARHAM, LESLIE	<input checked="" type="checkbox"/> Delete	TITLE	TREAS. DISBURSE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2105 NW 36TH DR.		STREET ADDRESS	NIEL BENSON	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	C/O BUCHHOLZ HIGH SCHOOL	
TITLE	TD TYLER, HANSFORD	<input checked="" type="checkbox"/> Delete	TITLE	SSION 27TH AV GAINESVILLE, FL 32606	
STREET ADDRESS	5675 SW 88TH CT		STREET ADDRESS	TREAS. DEPOSIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	NANCY POLLARD	
TITLE	VPD OBERLIN, DEBRA	<input checked="" type="checkbox"/> Delete	TITLE	SAME AS ABOVE	
STREET ADDRESS	2324 NW 68TH TERR		STREET ADDRESS	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	LESLIE PARHAM	
TITLE	VPD MCLEOD, GINNY	<input checked="" type="checkbox"/> Delete	TITLE	SAME AS ABOVE	
STREET ADDRESS	5525 SW 93RD WAY		STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
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: <i>Barbara Steadman</i> 4/20/08				352-665-8589	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	