

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737107

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** FORT MEADE BAND BOOSTERS, INC.

**Current Principal Place of Business:**

700 N.EDGEWOOD DRIVE  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

700 N.EDGEWOOD DRIVE  
FORT MEADE, FL 33841

**New Mailing Address:**

**FEI Number:** 58-3025833      **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:**

**Name and Address of New Registered Agent:**

SELPH, PATRICIA  
2365 HWY. 98 EAST  
FORT MEADE, FL 33841      US

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/S      ( ) Delete  
Name: SELPH, PATRICIA  
Address: 2365 HWY. 98 EAST  
City-St-Zip: FORT MEADE, FL 33841

Title: VP      ( ) Delete  
Name: MOSLEY, TANYA  
Address: 1706 MT. PISGAH RD.  
City-St-Zip: FORT MEADE, FL 33841

Title: T      ( ) Delete  
Name: FIELDS, BOBBIE  
Address: 705 DIXON STREET  
City-St-Zip: FORT MEADE, FL 33841

Title: C.S      ( ) Delete  
Name: LEVINS, JAMES  
Address: 5860 LAKE BUFFUN RD. SOUTH  
City-St-Zip: FT MEADE, FL 33841

Title: P.R.      ( ) Delete  
Name: PATTERSON, TAMMY  
Address: 809 NE 6TH STREET  
City-St-Zip: FORT MEADE, FL 33541

Title: D      ( ) Delete  
Name: DUNKIN, DANNY  
Address: 923 EAST BROADWAY APT. 22  
City-St-Zip: FORT MEADE, FL 33841

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      (X) Change ( ) Addition  
Name: GARCIA, BEATRICE  
Address: 2355 HWY 98 EAST  
City-St-Zip: FORT MEADE, FL 33841

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 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: BOBBIE FIELDS

T

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date