


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90079 008 \*\*\*\*61.25

<b>DOCUMENT # 738138</b> 1. Entity Name <b>TATE BAND BOOSTERS ASSOCIATION, INC.</b>																																																																												
Principal Place of Business <b>TATE HIGH SCHOOL BAND HALL, TATE HIGH SCH</b> <b>PO BOX 445</b> <b>GONZALEZ, FL 32560</b>			Mailing Address <b>TATE HIGH SCHOOL BAND HALL, TATE HIGH SCH</b> <b>PO BOX 445</b> <b>GONZALEZ, FL 32560</b>																																																																									
2. Principal Place of Business			3. Mailing Address																																																																									
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																									
City & State			City & State																																																																									
Zip		Country		Zip																																																																								
				Country																																																																								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																								
<b>HOOTEN, JOE R</b> <b>TATE SCHOOL ROAD</b> <b>TATE HIGH SCHOOL</b> <b>GONZALEZ, FL 32560</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>																																																																												
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																								
		<b>Make check payable to</b> <b>Florida Department of State</b>																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 20%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>DV <b>GINDO TENA Gindi</b></td> <td>305 WEGNER AVE</td> <td>CANTONMENT, FL 32533</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>TD <b>WILLIAMS, SHIRLEY</b></td> <td>1473 KNOLLWOOD DR</td> <td>CANTONMENT, FL 32533</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>P <b>SMIH, VAL</b></td> <td>5515 CHESTNUT RD</td> <td>MOLINO, FL 32577</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>V <b>GUNTER, CATHY</b></td> <td>1711 BLANC LANE</td> <td>CANTONMENT, FL 32533</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>S <b>MINDY, SHIRLEY</b></td> <td>1472 STEFANI CIR</td> <td>CANTONMENT, FL 32533</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 20%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>TD <b>Alberson, Shari</b></td> <td>1836 W. Ten mile RD</td> <td>CANTONMENT, FL 32533</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>P <b>Williams, Shirley</b></td> <td>1473 Knollwood Dr.</td> <td>CANTONMENT, FL 32533</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DV <b>GINDO TENA Gindi</b>	305 WEGNER AVE	CANTONMENT, FL 32533	<input type="checkbox"/>		TD <b>WILLIAMS, SHIRLEY</b>	1473 KNOLLWOOD DR	CANTONMENT, FL 32533	<input checked="" type="checkbox"/>		P <b>SMIH, VAL</b>	5515 CHESTNUT RD	MOLINO, FL 32577	<input checked="" type="checkbox"/>		V <b>GUNTER, CATHY</b>	1711 BLANC LANE	CANTONMENT, FL 32533	<input type="checkbox"/>		S <b>MINDY, SHIRLEY</b>	1472 STEFANI CIR	CANTONMENT, FL 32533	<input type="checkbox"/>					<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		TD <b>Alberson, Shari</b>	1836 W. Ten mile RD	CANTONMENT, FL 32533	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		P <b>Williams, Shirley</b>	1473 Knollwood Dr.	CANTONMENT, FL 32533	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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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.																																																																												
<b>SIGNATURE:</b> <u>Shirley Jane Williams</u> <span style="float: right;">6/19/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																												
<small>Date Daytime Phone #</small>																																																																												