2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #738138** 1. Entity Name TATE BAND BOOSTERS ASSOCIATION, INC



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

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

	115 5001210710000111								
Principal Place of Business TATE HIGH SCHOOL BAND HALL, TATE HIGH SCH PO BOX 445 GONZALEZ, FL 32560		Mailing Address TATE HIGH SCHOOL BAND HALL, TATE HIGH SCH PO BOX 445 GONZALEZ, FL 32560		G H SCH				11 01911 0 1911 011	111 510 11 141 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05242005	Chg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Number 59-17388	99	<u> </u>		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New R	egistered A	\gent	
HOOTEN IOE P			Name						
HOOTEN, JOË R TATE SCHOOL ROAD TATE HIGH SCHOOL			Street Address		P.O. Box Number is	s Not Acceptable)		
GONZALE	Z, FL 32560								
			City	· · · · · · ·			FL	Zip Cod	le
	named entity submits this statement for	the purpose of changing its re	gistered office or	r registere	ed agent, or both,	in the State of Flo	rida. I am t	amiliar with,	and accept
the obligat	ions of registered agent.								
CICNATURE									
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	Registered Agent signatu	ure required t	when reinstating)		DATE		
		· · · · · · · · · · · · · · · · · · ·	*9. Election Campaign Financing Trust Fund Contribution.			т			
D	Filing Fee is \$61.25 ue by September 7, 2005				\$5.00 May Be Added to Fees			payable tement of S	
10.	-	Trust Fund Cor		□	Added to Fees	Flori	da Depari	tment of S	tate
	OFFICERS AND DIF	Trust Fund Cor	ntribution.	□		Flori	da Depari	tment of S	tate
10. TITLE NAME	OFFICERS AND DIF	Trust Fund Cor	11. TITLE NAME	□	Added to Fees	Flori	da Depari	RECTORS IN	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF OFFICERS AND DIF OFFI	Trust Fund Cor	TIL. TITLE NAME STREET ADDRESS	□	Added to Fees	Flori	da Depari	RECTORS IN	tate
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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.

SIGNATURE:

SIGNATURE AND TYPE SIGNING OFFICER OR DIRECTOR

Daytime Phone #