2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738138

FILED Apr 27, 2007 Secretary of State

Entity Name: TATE BAND BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
TATE HIGH SCHOOL BAND HALL, TATE HIGH SCH PO BOX 445 GONZALEZ, FL 32560				TATE HIGH SCHOOL BAND HALL 1771 TATE SCHOOL ROAD CANTONMENT, FL 32533			
Current Mailing Address:				New Mailing Address:			
TATE HIGH SCHOOL BAND HALL, TATE HIGH SCH PO BOX 445 GONZALEZ, FL 32560				TATE HIGH SCHOOL BAND BOOSTERS, INC. PO BOX 445 GONZALEZ, FL 32560			
El Number:	59-1738899	FEI Number Applied For ()	FEI Nur	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
TATE HIGH GONZALEZ	OOL ROAD I SCHOOL Z, FL 32560 U named entity s		ırpose c	TATE HIGH CANTONM	ESCHOOLR HSCHOOL MENT, FL 329		h,
SIGNATURE:				04/27/2007			
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip: Fitle:	GINOL, TENA 305 WEGNER A CANTONMENT,			Title: Name: Address: City-St-Zip: Title:	GINDL, TENA 305 WEGNER CANTONMEN	R AVE	
Name: Name: Address: City-St-Zip:	GUNTER, CATH 1711 BLANC LA CANTONMENT,	Y NE		Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DV () PIVERAL, DAWN 1909 JOSHUA D CANTONMENT,	R.		Title: Name: Address: City-St-Zip:	V () PIVERAL, DAV 1909 JOSHUA CANTONMEN	ADR.	
Fitle: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T (SWILLEY, JIL 1208 TECUMS PENSACOLA,	SEH TRAIL	
Fitle: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T (WARD, DONN 943 CATERPI CANTONMEN	LLAR LANE	
Fitle: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	COLLINS, SAI	STREET UNIT A	

I hereby certify that the information supplied with this filing does not qualify 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: DONNA J WARD T 04/27/2007