2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# 741665

Entity Name: HAINES CITY BAND BOOSTERS, INC.

Current Principal Place of Business:

2800 HORNET DRIVE
P.O. BOX 2240
HAINES CITY, FL 33844

New Principal Place of Business:

2800 HORNET DRIVE
HAINES CITY, FL 33844

Current Mailing Address:

2800 HORNET DRIVE
P.O. BOX 2240
HAINES CITY, FL 33844

New Mailing Address:

2800 HORNET DRIVE
HAINES CITY, FL 33844

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAINES CITY HIGH SCHOOL
2800 HORNET DRIVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: BROOKS, RUSSELL
Address: P. O. BOX 1292
City-St-Zip: DUNDEE, FL 33838

Title: VPD ( ) Delete
Name: GREENLEE, ROGER
Address: 1111-4 HIGHWAAY 17/92
City-St-Zip: DAVENPORT, FL 33837

Title: SD ( ) Delete
Name: BORUM, LYNN
Address: P. O. BOX 85
City-St-Zip: LAKE HAMILTON, FL 33851

Title: TD ( ) Delete
Name: OCASIO, ELIZABETH
Address: 309 S 20TH ST, APT B
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete
Name: JOHNSON, LOUISE
Address: 105 CLARINET WAY
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: JOHNSON, LOUISE
Address: 105 CLARINET WAY
City-St-Zip: DAVENPORT, FL 33896

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 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: LOUISE JOHNSON TD 04/28/2007

Electronic Signature of Signing Officer or Director — Date