2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741665

FILED Mar 27, 2009 Secretary of State

Entity Name: HAINES CITY BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

2800 HORNET DRIVE HAINES CITY, FL 33844

Current Mailing Address: 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 (X)

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

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

OFFICERS AND DIRECTORS:

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

Electronic eignature er registere

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name:GREENLEE, ROGERName:UNDERWOOD, SHANEAddress:1502 VISTA DEL LAGO BLVDAddress:501 5TH ST

City-St-Zip: DUNDEE, FL 33838 City-St-Zip: DUNDEE, FL 33838

Title: () Delete Title: (X) Change () Addition GREENLEE, ROGER Name: LAWHORN, CYNTHIA M Name: Address: 1111-4 HIGHWAAY 17/92 Address: 217 COUNTRY WORLD DR. E City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: DAVENPORT, FL 33837

Title: SD () Delete Title: SD (X) Change () Addition Name: GUILD, MARY LOU Name: MILLER, NIDIA

Address: 408 PARADISE ISLAND DR Address: 6777 WINTERSET GARDENS RD City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete Title: TD (X) Change () Addition Name: OCASIO, ELIZABETH Name: OCASIO, ELIZABETH

Address: 309 S 20TH ST, APT B Address: 1006 SURRY ST

City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 GREENLEE, SHELLY
 Name:
 OCASIO, ELIZABETH

 Address:
 1502 VISTA DEL LAGO BLVD
 Address:
 1006 SURRY ST.

 City-St-Zip:
 DUNDEE, FL 33838
 City-St-Zip:
 HAINES CITY, FL 33844

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: CYNTHIA M. LAWHORN VPD 03/27/2009