## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 742729**

FILED Apr 24, 2008 Secretary of State

Entity Name: PENSACOLA HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.

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

PENSACOLA HIGH SCHOOL 500 WEST MAXWELL STREET PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

P.O. BOX 17101 PENSACOLA, FL 32522

FEI Number: 59-1820692 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PHS BAND BOOSTERS, INC 500 WEST MAXWELL ST PENSACOLA, FL 32501 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition
Name: NIXON, CHRISTINE Name: BRANTON, JIM
Address: 0406 STILL BRIDGE LANE

 Address:
 9196 STILLBRIDGE LANE
 Address:
 8844 MEADOWBROOK DR.

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 PENSACOLA, FL 32514

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

 Name:
 EASTERLIN, ELEANOR
 Name:
 ROGERS, COLLEEN

 Address:
 1711 BEACHSIDE DR
 Address:
 300 FLANNON RD.

 City-St-Zip:
 PENSACOLA, FL 32506
 City-St-Zip:
 PENSACOLA, FL 32507

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MULVEY, CYNTHIA
 Name:

 Address:
 219 W. DESOTO STREET
 Address:

 City-St-Zip:
 PENSACOLA, FL 32501
 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: CYNTHIA MULVEY T 04/24/2008