

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754663

FILED
Mar 02, 2009
Secretary of State

Entity Name: GOLDEN COUGAR BAND BOOSTERS, INC.

Current Principal Place of Business:

3000 STATE ROAD 580
C/O VINCENT PARRULI
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 14923
CLEARWATER, FL 337664923 US

New Mailing Address:

FEI Number: 59-2030198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRULI, VINCENT
3000 STATE ROAD 580
CLEARWATER, FL 34621 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: T/D () Delete
Name: LINDERT, JOSETTE
Address: 3128 HILLSIDE LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: JONES, DONNA
Address: 2304 OXFORD COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: 1V/D () Delete
Name: ZUCK, JOHN
Address: 1858 FOREST WOOD DRIVE
City-St-Zip: CLEARWATER, FL 33759

Title: 3V/D () Delete
Name: MOORE, TRACIE
Address: 2521 CYPRESS BEND DR. E.
City-St-Zip: CLEARWATER, FL 33761

Title: RS/D () Delete
Name: LEHMAN, MARIANNE
Address: 2895 KNOLLWOOD CT
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: KADONSKY, BARB
Address: 29625 66TH WAY N
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOSETTE LINDERT

T/D

03/02/2009

Electronic Signature of Signing Officer or Director

Date