2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2008
Secretary of State

DOCUMENT# 755278

Entity Name: TARPON SPRINGS BAND BOOSTERS, INC.

Current Principal Place of Business:

1411 GULF ROAD
TARPON SPRINGS HIGH SCHOOL
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 642
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-2135073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, KAREN
1402 SILVER OAK DRIVE
TARPON SPRINGS, FL 34689 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:	P	( ) Delete
Name:	WILLIAMS, KAREN	
Address:	1402 SILVER OAK DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	V	( ) Delete
Name:	SMART, JANE	
Address:	476 OAK CREEK LANE	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	V	( ) Delete
Name:	DUPLAIN, PATRICK	
Address:	1770 BIARRITZ CIRCLE	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	S	( ) Delete
Name:	BAUCKNECHT, DIANA	
Address:	4401 FALLBROOK BOULEVARD	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	T	( ) Delete
Name:	RECHKEMER, MICHAEL	
Address:	1275 PARADISE LAKE DRIVE	
City-St-Zip:	TARPON SPRINGS, FL 34689	

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
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: MICHAEL RECHKEMER T 07/05/2008
Electronic Signature of Signing Officer or Director — Date