

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755278

FILED  
Jan 18, 2009  
Secretary of State

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 ( )

**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: V (X) Change ( ) Addition  
Name: AMORELLO, JUDY  
Address: 2103 N.POINTE ALEXIS DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V (X) Change ( ) Addition  
Name: SMART, JANE  
Address: 476 OAK CREEK LANE  
City-St-Zip: PALM HARBOR, FL 34684

Title: S (X) Change ( ) Addition  
Name: FORD, LORI  
Address: 2930 REGAL OAK BLVD.  
City-St-Zip: PALM HARBOR, FL 34684

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

01/18/2009

Electronic Signature of Signing Officer or Director

Date