

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90007 003 \*\*\*\*61.25

<b>DOCUMENT # 758360</b>			
1. Entity Name <b>SUWANNEE HIGH SCHOOL BAND BOOSTERS, INC.</b>			
Principal Place of Business <b>1314 SW PINE AVENUE LIVE OAK FL 32060</b>		Mailing Address <b>P.O. BOX 1222 LIVE OAK FL 32064</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2177855</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent <b>HUNTSMAN, MICHELLE 1314 SW PINE AVE. LIVE OAK FL 32060</b>		7. Name and Address of New Registered Agent Name <b>CONNER, LORI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1314 SW PINE AVE</b> City <b>LIVE OAK</b> FL Zip Code <b>32060</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lori Conner **LORI CONNER** 02/20/2008  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, CRAIG P.O. BOX 1222 LIVE OAK FL 32064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TICE, MICHAEL D. PO BOX 1222 LIVE OAK, FL 32064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNTSMAN, MICHELLE P.O. BOX 1222 LIVE OAK FL 32064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CARROLL, SHELLIE PO BOX 1222 LIVE OAK, FL 32064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CONNER, LORI PO BOX 1222 LIVE OAK, FL 32064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MICHAL, TAMARA C. PO BOX 1222 LIVE OAK, FL 32064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lori Conner **02/20/2008 386-867-0968**