

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758360

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** SUWANNEE HIGH SCHOOL BAND BOOSTERS, INC.

**Current Principal Place of Business:**

1314 SW PINE AVENUE  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1222  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 59-2177855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CONNER, LORI  
1314 SW PINE AVE.  
LIVE OAK, FL 32060 US

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

BURGESS, MELISSA  
1314 SW PINE AVE.  
LIVE OAK, FL 32060 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: MELISSA BURGESS

04/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TICE, MICHAEL D  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

Title: V ( ) Delete  
Name: CARROLL, SHELLIE  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

Title: T ( ) Delete  
Name: CONNER, LORI  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

Title: S ( ) Delete  
Name: MICHAL, TAMARA C  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCMULLEN, DANIEL  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

Title: VP (X) Change ( ) Addition  
Name: MAHAN, MIKE  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

Title: T (X) Change ( ) Addition  
Name: BURGESS, MELISSA  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

Title: S (X) Change ( ) Addition  
Name: MCCALL, BRENT  
Address: PO BOX 1222  
City-St-Zip: LIVE OAK, FL 32064

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: MELISSA BURGESS

TR

04/26/2009

Electronic Signature of Signing Officer or Director

Date