2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90160 009 ****61.25

DOCUMENT # 761895

1. Entity Name
NORTH MARION HIGH BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
151 W. HWY 329 CITRA, FL 32113	151 W. HWY 329 CITRA, FL 32113

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2768138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIRZER, BILL
3716 SW 30TH TERR., 43-C
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name LILLY, J. CRAIG (Director)
Street Address (P.O. Box Number is Not Acceptable)
229 NE 11 AVE
City OCALA FL Zip Code 34470

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 J. Craig Lilly J. CRAIG LILLY, Director DATE 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCOTT, MONDAY J 1305 E HWY 329 CITRA, FL 32113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MONDAY, J. SCOTT 1305 E HWY 329 CITRA, FL 32113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAKER, SUE PO BOX 87 ANTHONY, FL 32617	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~CASSANDRA~~ BOSTON, CASSANDRA PO BOX 8 ORANGE LAKE, FL 32681	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD PIRZER, BILL 3716 SW 70TH TERR., #43-C GAINESVILLE, FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LILLY, J. CRAIG 229 NE 11 AVE OCALA, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONDAY, DONNA 1083 E HWY 329 CITRA, FL 32113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DELAND, KIMBERLY H. 13163 NE 44 CT ANTHONY, FL 32617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUPREE, NANCY 13595 N MAGNOLIA AVENUE CITRA, FL 32113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOOTLE, BRENDA L. 15600 NE JACKSONVILLE ROAD CITRA, FL 32113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONDAY, DONNA 1305 E HWY 329 CITRA, FL 32113	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: J. Scott Monday J. SCOTT MONDAY 4/21/06 (352)622-4317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

400651 18

ATTACHMENT to Document #761895

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title	D
Name	Charlton, Paulette Skeete
Street Address	2420 NE 77 Loop
City-St-Zip	Ocala, FL 34479

Title	D
Name	Delano, John O.
Street Address	13163 NE 44 Court
City-St-Zip	Anthony, FL 32617

Title	D
Name	Britt, Timothy
Street Address	1790 NE 180 Street
City-St-Zip	Citra, FL 32113