


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 014 ****61.25

DOCUMENT # 761895 1. Entity Name NORTH MARION HIGH BAND BOOSTERS, INC.					
Principal Place of Business 151 W. HWY 329 CITRA, FL 32113			Mailing Address 151 W. HWY 329 CITRA, FL 32113		
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		Country		4. FEI Number 59-2768138	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LILLY J. CRAIG 229 N.E. II AVE Ocala, FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARITON, ED 169 NE 190 STREET CITRA, FL 32113		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIN, DEBBIE 12082 NE 150 AVE RD FORT MC COY, FL 32134		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIG, LILLY J 224 NE II AVE OCALA, FL 34470		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIN, ROBERT 12082 NE 150TH AVE RD FORT MC COY, FL 32134		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELANO, KIMBERLY H 13163 NE 44TH CT ANTHONY, FL 32617		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOOTLE, BRENDA L 15600 N.E. JACKSONVILLE RD CITRA, FL 32113		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tarlton, Ed Same as Box 10		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morin, Deborah Same as Box 10		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S monroe, Stacey 1446 W Hwy 316 Citra, FL 32113		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tarlton, Debra 169 NE 190th Street Citra, FL 32113		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Deborah Morin</u> <u>7/28/08</u> <u>352-671-6010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

Box 11 Changes and Additions

40112385
#761895

Change

P

Tarlton, Ed
169 NE 190th Street
Citra, FL 32113

Change

T

Morin, Deborah
12082 NE 150th Ave Rd
Fort McCoy, FL 32134

Addition

Monroe, Stacey
1446 W HWY 316
Citra, FL 32113

Addition

Tarlton, Debra
169 NE 190th Street
Citra, FL 32113

Deletions

Delano, Kimberly
Bootle, Brenda

Additional Officers

D

Lilly, Suzanne
224 NE 11th Ave
Ocala, FL 34470

D

Mackey, Courtney
9760 W HWY 318
Reddick, FL 32686