

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90305 002 ****61.25

DOCUMENT # 765847

1. Entity Name
JAY HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business
**4955 S. ALABAMA STREET
JAY, FL 32565**

Mailing Address
**P.O. BOX 712
JAY, FL 32565**

00043043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
07-0004504

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUTWELL, WANDA
3600 GREENWOOD DR Rd.
JAY, FL 32565**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Wanda Boutwell

Wanda Boutwell, Treasurer

4/21/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD ☒ Delete
NAME SUTLER, CHERYL
STREET ADDRESS 2250 SUTLER LANE
CITY-ST-ZIP MILTON, FL 32570

TITLE PD ☐ Change ☒ Addition
NAME Bolton, Vickie
STREET ADDRESS 13251 Hwy 87N, Jay, FL 32565
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SALTER, SUE
STREET ADDRESS 5307 EDECKER CIRCLE
CITY-ST-ZIP JAY, FL 32565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5307 Edeker Circle
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME GAFFORD, WANDA
STREET ADDRESS 3100 LEWIS RD
CITY-ST-ZIP MILTON, FL 32570

TITLE VD ☐ Change ☒ Addition
NAME Stanton, Angie
STREET ADDRESS 5915 Old Pollard Rd.
CITY-ST-ZIP Jay, FL. 32565

TITLE TD ☐ Delete
NAME BOUTWELL, WANDA
STREET ADDRESS 3600 GREENWOOD DR
CITY-ST-ZIP JAY, FL 32565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3600 Greenwood Rd.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Vickie Bolton

Vickie Bolton, President

4/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #