

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-02-2008 90006 031 \*\*\*\*70.00

**DOCUMENT # N00000003549**

1. Entity Name  
**BAND BOOSTERS OF BOCA RATON, INCORPORATED**



Principal Place of Business  
P O BOX 273853  
BOCA RATON, FL 33427

Mailing Address  
PO BOX 273853  
BOCA RATON, FL 33427

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

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-1045285

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ZALKA, STEPHEN M CPA  
7667 WEST SAMPLE RD STE 280  
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address **Stephen M Zalka, CPA & Co.**

**CERTIFIED PUBLIC ACCOUNTANTS**

P.O. Box 8605

City

**Coral Springs, FL 33075**

**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

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, 2008**

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

TITLE **P** ☐ Delete  
NAME **ALLIN, GLORIA**  
STREET ADDRESS **1560 NW 12 WAY**  
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **VP**  
NAME **TABONE, LAURA**  
STREET ADDRESS **4968 COVEY TRAIL**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VP** ☐ Delete  
NAME **HIGGINS, TERESA**  
STREET ADDRESS **401 NE 37TH ST.**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **S** ☐ Delete  
NAME **NUNES, ANDREA**  
STREET ADDRESS **340 SANDALWOOD LANE**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **T** ☐ Delete  
NAME **JUNG, LEE**  
STREET ADDRESS **1341 SW 15TH ST.**  
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES KENDRICK COOPER** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4881 NW 5 TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **VP. HARMON, LINDA** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1398 SW 9 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **SECT. KATHY ELDRED** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **350 OREGON LANE**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **TREAS. NEAL MURRAY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1092 SW 12 ROAD**  
CITY-ST-ZIP **BOCA RATON, FL 33486**

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 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: *John Neal Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/01/08** Daytime Phone # **(954) 943 5050**