

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90001 012 \*\*\*\*61.25



**DOCUMENT # N00000008362**

1. Entity Name

GULF MIDDLE SCHOOL BAND BOOSTERS, INC.

Principal Place of Business

1809 SW 36TH TERRACE  
CAPE CORAL FL 33914

Mailing Address

1809 SW 36TH TERRACE  
CAPE CORAL FL 33914

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1070940

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/06)



6. Name and Address of Current Registered Agent

CURBELO, MONICA  
3717 SOUTHEAST 4TH AVENUE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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

*Monica Curbello*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By September 6, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CURBELLO, MONICA	
STREET ADDRESS	3717 SOUTHEAST 4TH AVENUE	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	V	<input type="checkbox"/> Delete
NAME	PELCHA, LAURIE	
STREET ADDRESS	3626 SOUTHWEST 6TH PLACE	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELCH, LINDA	
STREET ADDRESS	3706 SOUTHWEST 12TH PLACE	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MERRILL, SUSAN	
STREET ADDRESS	5420 SOUTHWEST 25TH COURT	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYLAN, JUDY	
STREET ADDRESS	3608 SOUTHWEST 8TH COURT	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T CURBELLO, MONICA	
STREET ADDRESS	3717 SE 4TH AVE	
CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Monica Curbello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #