

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008362

FILED
Aug 28, 2008
Secretary of State

Entity Name: GULF MIDDLE SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business:

1809 SW 36TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1809 SW 36TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-1070940 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBAN, CECILIA
Address: 1929 SW 54TH LANE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: V () Delete
Name: WECHER, KATHLEEN
Address: 222 SW 42ND STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S () Delete
Name: MACDOUGALL, NANCY
Address: 4504 SW 20TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T () Delete
Name: CURBELLO, MONICA
Address: 3717 SE 4TH AVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: T () Delete
Name: ALBERIGI, PENNY
Address: 240 SE 30TH STREET
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY ALBERIGI

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08/28/2008

Electronic Signature of Signing Officer or Director

Date