

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90069 026 ****61.25

DOCUMENT # N01000005251

1. Entity Name
**WINTER SPRINGS HIGH SCHOOL BAND BOOSTERS
ASSOCIATION, INC.**



Principal Place of Business
**130 TUSKAWILLA ROAD
WINTER SPRINGS, FL 32708**

Mailing Address
**130 TUSKAWILLA ROAD
WINTER SPRINGS, FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3735210

Applied For
Not Applicable

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

**WATFORD, CHARLES
130 TUSKAWILLA ROAD
WINTER SPRINGS, FL 32708**

Name **Adam McIntyre**

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

130 Tuskawilla Rd.

City **Winter Springs**

FL

Zip Code **32708**

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 **S. Adam McIntyre**

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

(NOTE: Registered Agent signature required when re-registering)

4/4/06

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **JONES, DAVID T**
STREET ADDRESS **1662 EAGLE NEST CIR**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Change ☒ Addition
NAME **Mammind, Wendy**
STREET ADDRESS **753 Bear Creek Cir**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **D** ☒ Delete
NAME **DANGELO, PATRICIA A**
STREET ADDRESS **436 WOODCREST ST**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Change ☒ Addition
NAME **McCracken, Brenda**
STREET ADDRESS **722 Seneca Meadows Rd.**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **D** ☐ Delete
NAME **STIMMEL, PATRICIA**
STREET ADDRESS **346 TWELVE OAKS DRIVE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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

TITLE **D** ☐ Delete
NAME **TONNER, VALERIE**
STREET ADDRESS **216 HEATHERWOOD COURT**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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

TITLE **D** ☐ Delete
NAME **GROOTHUIS, CAROL**
STREET ADDRESS **349 TWELVE OAKS DRIVE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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

TITLE **D** ☒ Delete
NAME **BRAGMAN, SUE**
STREET ADDRESS **607 BONITA DRIVE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Change ☒ Addition
NAME **Eses, Michelle**
STREET ADDRESS **1607 Wildcat Ct.**
CITY-ST-ZIP **Winter Springs, FL 32708**

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: **Brenda McCracken Brenda McCracken**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

407-327-2626
Daytime Phone #