

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 05, 2007**  
**Secretary of State**

DOCUMENT# N02000001855

**Entity Name:** PORT CHARLOTTE HIGH SCHOOL BAND BOOSTERS, INC.**Current Principal Place of Business:**18200 TOLEDO BLADE BLVD.  
PORT CHARLOTTE, FL 33948**New Principal Place of Business:**18200 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948**Current Mailing Address:**P.O. BOX 381257  
PORT CHARLOTTE, FL 33938**New Mailing Address:****FEI Number:** 03-0406114**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHARON, KNAPP  
23437 GARRETT AVE.  
PORT CHARLOTTE, FL 33954 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: PT ( ) Delete  
Name: KNAPP, SHARON  
Address: 23437 GARRETT AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: LOPEZ, JOSE A JR.  
Address: 7265 PELAS CIRCLE  
City-St-Zip: N. FORT MYERS, FL 33917

Title: ST ( ) Delete  
Name: POUDRETTE, CYNTHIA  
Address: 1081 MARCOS ST.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: NAVAN, ANN  
Address: 182 MCDILL DR.  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VPT ( ) Delete  
Name: KURTZ, CAROL  
Address: 427 VICEROY TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete  
Name: FERGUSON, LINDA  
Address: 1406 AKEN ST,  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BOWE, DALE  
Address: 18438 TEMPLE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ST (X) Change ( ) Addition  
Name: HOEBEN, SUSAN  
Address: 27203 HARBOUR OAKS BLVD.  
City-St-Zip: PUNTA GORDA, FL 33983

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: ANN NAVAN

T

08/05/2007

Electronic Signature of Signing Officer or Director

Date