

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001855

FILED
Apr 27, 2009
Secretary of State

Entity Name: PORT CHARLOTTE HIGH SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business:

18200 COCHRAN BLVD
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

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:

SUSAN, HOEBEN
27203 HARBOUR OAKS BLVD.
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

FERGUSON, LUNDA G
1406 AKEN STREET
PORT CHARLOTTE, FL 33952 US

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: LINDA G. FERGUSON

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES (X) Delete
Name: HOEBEN, SUSAN
Address: 27203 HARBOUR OAKS BLVD.
City-St-Zip: PUNTA GORDA, FL 33983 US

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

Title: SEC () Delete
Name: MAHON, JEANNE
Address: 371 VICEROY TERRQCE
City-St-Zip: PT. CHARLOTTE, FL 33954 US

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

Title: VP (X) Delete
Name: CORRIS, CARMELINA J
Address: 26330 RAMPART BLVD, UNIT F
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: T () Delete
Name: ABANES, KARI
Address: 611 SHARON CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: GRAHAM, SHELIA M
Address: 443 LAKEWOOD LANE
City-St-Zip: PT. CHARLOTTE, FL 33953 US

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

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

Title: T (X) Change () Addition
Name: ALBANES, KARI
Address: 611 SHARON CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: LINDA G. FERGUSON

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date