2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2004 8:00 am Secretary of State

										LALIV	VII 671	
DOCUMENT # N02000003921 1. Entity Name RIDGEWOOD HIGH SCHOOL BAND BOOSTERS, INC.									004 90022			
7650 ORCHID LAKE RD 102				ailing Address 0237 PEOPLES LOOP ORT RICHEY, FL 34668				44023109				
2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				03242004	Chg-NP	CR2E	037 (10/03)	
City & State			С	City & State				4. FEI Numbe 81-055	4560			pplied For ot Applicable
Žiρ		Country	Zi	ip .	Cou	intry		5. Certificate	of Status Desire	ed 🔲	\$8.75 Ad Fee Require	
	6. Name	and Address of Curr	rent Register	ed Agent				7. Name and	Address of Ne	w Registered	Agent	
BUNDY, MICHAEL J SR. 7650 ORCHID LAKE RD NEW PORT RICHEY, FL 34653				Name Street Ado			dress (f	ss (P.O. Box Number is Not Acceptable)				
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	tions of regis		ricior die bori	pose or changing its	register	ed office of fr	registeri	ed agent, or bot	n, in the State t	ir Fiorida. Tan	ı tamılar witn,	, and accept
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SIGNATURE .		d or printed name of registered.	agent and title if ap	oplicable. (NOT	:: Registere	d Agent signature	a required	when reinstating)		DATE		
SIGNATURE .	Signature, typed	d or printed name of registered see is \$61.25 May 1, 2004	agent and title if ap	9. Election Car Trust Fund C	npaign F	inancing _		when reinstating) \$5.00 May B Added to Fees			ck payable t	
SIGNATURE	Signature, typed	ee is \$61.25		9. Election Car Trust Fund 0	npaign F	inancing _		\$5.00 May B		Make che Florida Depa	rtment of S	tate
10. TITLE NAME STREET ADDRESS	Filing Fe Due by M D BUNDY, I 10237 PE	oe is \$61.25 May 1, 2004 OFFICERS AND MICHAEL J EOPLES LOOP		9. Election Car Trust Fund 0	npaign F Contribut 11. TITU NAM STRE	inancing ion. E		\$5.00 May B Added to Fees		Make che Florida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: ∠

SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-5004 757-995-395

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