

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90109 013 \*\*\*\*61.25

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<b>DOCUMENT # N02000003921</b> 1. Entity Name RIDGEWOOD HIGH SCHOOL BAND BOOSTERS, INC.					
Principal Place of Business 7650 ORCHID LAKE RD NEW PORT RICHEY, FL 34653			Mailing Address 10237 PEOPLES LOOP PORT RICHEY, FL 34668		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUNDY, MICHAEL J SR 7650 ORCHID LAKE RD NEW PORT RICHEY, FL 34653			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNDY, MICHAEL J		NAME		
STREET ADDRESS	10237 PEOPLES LOOP		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AMICK, KEVIN		NAME	Director	
STREET ADDRESS	11205 TYLER DR.		STREET ADDRESS	Jeanne Braden	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	11750 Seminole Drive	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARRICK, MICHELLE		NAME	Director	
STREET ADDRESS	11205 TYLER DR		STREET ADDRESS	Diane Schalk	
CITY-ST-ZIP	PORT RICHEY, FL		CITY-ST-ZIP	7090 Rockwood Drive	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRANTHAM, MELODY		NAME	Director	
STREET ADDRESS	10945 PEPPER TRACE DR		STREET ADDRESS	Barbara Stuchell	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	8707 Beaver Lane	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKOWEN, JONATHAN		NAME		
STREET ADDRESS	7120 LAKE MAGNOLIA DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <i>Michael J Bundy</i> <b>4-38-2005</b> <i>Director</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		