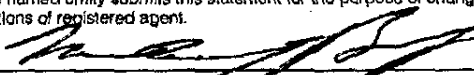


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003921		
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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUNDY, MICHAEL J SR. 7650 ORCHID LAKE RD NEW PORT RICHEY, FL 34653		DO NOT WRITE IN THIS SPACE
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  DATE 3-7-2006 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	110000466052 03/22/06-80060-009 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUNDY, MICHAEL J 10237 PEOPLES LOOP PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADEN, JEANNE 11750 SEMINOLE DRIVE NEW PORT RICHEY, FL 34654	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHALK, DIANE 7020 ROCKWOOD DRIVE PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUCHELL, BARBARA 6727 BEAVER LANE PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKOWEN, JONATHAN 7120 LAKE MAGNOLIA DR NEW PORT RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 517, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



D2232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 81-0554360	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**