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	Mailing Address
7650 ORCHID LAKE RD NEW PORT RICHEY, FL 34653	10237 PEOPLES LOOP PORT RICHEY, FL 34668

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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

6. Name and Address of Current Registered Agent

BUNDY, MICHAEL J SR.
7650 ORCHID LAKE RD
NEW PORT RICHEY, FL 34653

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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 _____ 3-7-2006
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000004560052
03/22/06-80060-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUNDY, MICHAEL J
STREET ADDRESS	10237 PEOPLES LOOP
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	BRADEN, JEANNE
STREET ADDRESS	11750 SEMINOLE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	SCHALK, DIANE
STREET ADDRESS	7020 ROCKWOOD DRIVE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	STUCHELL, BARBARA
STREET ADDRESS	8727 BEAVER LANE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	MCKOWEN, JONATHAN
STREET ADDRESS	7120 LAKE MAGNOLIA DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #