

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90846 036 ****61.25

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**

40093483



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

P. O. Box 247
Suite, Apt. #, etc.

04232007 Chg-NP CR2E037 (12/06)

City & State

City & State
Port Richey, FL 34673-0247

4. FEI Number
81-0554360

Applied For
Not Applicable

Zip

Country

Zip

Country

34673-0247

USA

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**

7. Name and Address of New Registered Agent

Name **Tark Katzenmeyer**

Street Address (P.O. Box Number is Not Acceptable)
3815 Exeter Court #205

City **Palm Harbor**

FL

Zip Code
34685

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

Tark Katzenmeyer **4/27/2007**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BUNDY, MICHAEL J**
STREET ADDRESS **10237 PEOPLES LOOP**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Delete
NAME **BRADEN, JEANNE**
STREET ADDRESS **11750 SEMINOLE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D** ☒ Delete
NAME **SCHALK, DIANE**
STREET ADDRESS **7020 ROCKWOOD DRIVE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Delete
NAME **STUCHELL, BARBARA**
STREET ADDRESS **8727 BEAVER LANE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Delete
NAME **MCKOWEN, JONATHAN**
STREET ADDRESS **7120 LAKE MAGNOLIA DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Tark Katzenmeyer**
STREET ADDRESS **3815 Exeter Court #205**
CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **D** ☐ Change ☒ Addition
NAME **JoyceAnn Cram**
STREET ADDRESS **10047 Barnett Loop**
CITY-ST-ZIP **Port Richey, FL 34668**

TITLE ☐ Change ☒ Addition
NAME **Christine Knoll**
STREET ADDRESS **24822 Oakhaven Court**
CITY-ST-ZIP **Lutz, FL 33559**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Tark Katzenmeyer **4/27/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #