


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006069</b> 1. Entity Name <b>FREEDOM HIGH SCHOOL BAND BOOSTERS CORPORATION</b>	
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Principal Place of Business <b>17410 COMMERCE PARK BOULEVARD TAMPA, FL 33647</b>	Mailing Address <b>17410 COMMERCE PARK BOULEVARD TAMPA, FL 33647</b>
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**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>30-0102479</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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5. Name and Address of Current Registered Agent  
  
**FRYE, CHRISTINA MRS.  
17410 COMMERCE PARK BOULEVARD  
TAMPA, FL 33647**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WOLFORD, BRICE 6206 FORTHING ST. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRAUN, PAUL 2707 SUNSET LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TODD, PATRICIA 18940 DUQUISNE DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRYE, CHRISTINA 17410 COMMERCE PARK BLVD TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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02/08/05-80067-007 70.00

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

**SIGNATURE:** Christina Frye **1-21-05 8135581185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X-276**