


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006069 1. Entity Name FREEDOM HIGH SCHOOL BAND BOOSTERS CORPORATION	
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Principal Place of Business 17410 COMMERCE PARK BOULEVARD TAMPA, FL 33647	Mailing Address 17410 COMMERCE PARK BOULEVARD TAMPA, FL 33647
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04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 30-0102479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FRYE, CHRISTINA MRS. 17410 COMMERCE PARK BOULEVARD TAMPA, FL 33647
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**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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	

1100000558350
05/17/06-80090-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **PAUL BRAUN TREASURER** 4-28-06 949-4877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #