

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006069

FILED
Mar 20, 2009
Secretary of State

Entity Name: FREEDOM HIGH SCHOOL BAND BOOSTERS CORPORATION

Current Principal Place of Business:

17410 COMMERCE PARK BOULEVARD
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

17410 COMMERCE PARK BOULEVARD
TAMPA, FL 33647

New Mailing Address:

FEI Number: 30-0102479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRINEAU, MICHAEL
17410 COMMERCE PARK BOULEVARD
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: HATFIELD, MICHELLE
Address: 14616 PINE GLEN CIRCLE
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Delete
Name: HARLAND, LADA
Address: 27616 KIRKWOOD CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: AGHOIAN, PAULA
Address: 4941 EBENSBURG DR.
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: EBERHART, LORRIE
Address: 15914 HALSEY RD
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: BARRINEAU, MICHAEL
Address: 17410 COMMERCE PARK BOULEVARD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: GILES, SHELLEY
Address: 16329 BRUNISTON DR.
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SLEEPER, JOYCE
Address: 16219 SWENSON TERRACE
City-St-Zip: TAMPA, FL 33647

Title: T (X) Change () Addition
Name: EBERHART, JEFFREY
Address: 15914 HALSEY RD
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BARRINEAU

DIR

03/20/2009

Electronic Signature of Signing Officer or Director

Date