

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007683

FILED
Apr 29, 2009
Secretary of State

Entity Name: SPACE COAST JR/SR HIGH SCHOOL BAND BOOSTER CLUB INC.

Current Principal Place of Business:

6150 BANYAN STREET
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6150 BANYAN STREET
COCOA, FL 32927

New Mailing Address:

FEI Number: 51-0430769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STULL, DONNA
6150 BANYAN STREET
COCOA, FL 32927 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: PD () Delete
Name: AMADOR, JOSE
Address: 4400 FEATHER STREET
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: LOWE, PATTY
Address: 6150 BANYAN STREET
City-St-Zip: COCOA, FL 32927

Title: VD () Delete
Name: SOREY, RONNIE
Address: 5555 DATURA STREET
City-St-Zip: COCOA, FL 32927

Title: SD () Delete
Name: STULL, DONNA
Address: 6150 BALTIMORE AVE
City-St-Zip: COCOA, FL 32927

Title: TD () Delete
Name: MCKENNA, DEBI
Address: 7325 BARBRA ROAD
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: BLAIR, LAURIE
Address: 6460 DANE AVE NE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: FILIAULT, LORRETTA
Address: 6090 GRISSOM PKWY
City-St-Zip: COCOA, FL 32927

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

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

Title: D (X) Change () Addition
Name: SOREY, RONNIE
Address: 5555 DATURA STREET
City-St-Zip: COCOA, FL 32927

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: DONNA STULL

SD

04/29/2009

Electronic Signature of Signing Officer or Director

Date