


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90449 047 \*\*\*\*61.25

<b>DOCUMENT # N02000007949</b>	
1. Entity Name <b>DOUGLAS ANDERSON SCHOOL OF THE ARTS VOCAL BOOSTERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>2445 SAN DIEGO ROAD JACKSONVILLE FL 32207-3699</b>	Mailing Address <b>2445 SAN DIEGO ROAD JACKSONVILLE FL 32207-3699</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>22-3877996</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>CLAYTON, JEFFREY DOUGLAS ANDERSON SCHOOL OF ARTS 2445 SAN DIEGO RD JACKSONVILLE FL 32207</b>	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
---	--

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 \_\_\_\_\_

<b>FILE NOW: 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>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEON, JOHN 2445 SAN DIEGO ROAD JACKSONVILLE FL 32207-3699</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President LONG, KATHY 2445 San Diego Rd. Jacksonville, FL 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LONG, KATHY 2445 SAN DIEGO ROAD JACKSONVILLE FL 32207-3699</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President KLEIN, LAURIE 2445 San Diego Rd. Jacksonville, FL 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RAMSAY, JO 2445 SAN DIEGO ROAD JACKSONVILLE FL 32207-3699</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President BIELAMOWICZ, LINDA 2445 San Diego Rd. Jacksonville, FL 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JONES, BARBARA 2445 SAN DIEGO ROAD JACKSONVILLE FL 32207-3699</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer JONES, BARBARA 2445 San Diego Rd. Jacksonville, FL 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BURNS, CINDY 2445 SAN DIEGO ROAD BOSTWICK FL 32007-3699</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary DICKERT, VIRGINIA 2445 San Diego Rd. Jacksonville, FL 32207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathy Long **KATHY LONG** 4-26-05 904-396-5966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #