2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # N02000007949 1. Entity Name DOUGLAS ANDERSON SCHOOL OF THE ARTS VOCAL BOOSTERS ASSOCIATION, INC.						~	04-23-2007	•		
Principal Place of Business 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207-3699 Mailing Address 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207-3699						1 1 29 (1 2)	THE KEN ENH OP IN	1 88 10 88 11 8 11	FORO LOSTI OTOGO (O	11/11/ 41/ (F1)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04222007	Chg-NP	CR2E0	37 (12/06)	
City & State	е	City & State				4. FEI Number 22-3877				plied For at Applicable
Zip	Country	Zip	Coi	untry		5. Certificate of	f Status Desired		\$8.75 Add	
	6. Name and Address of Curren	Registered Agent				7. Name and	Address of New	Registered	Agent	
DOUGLAS 2445 SAN	I, JEFFREY S ANDERSON SCHOOL OF A DIEGO RD	RTS		Name Street Ac	ddress (F	P.O. Box Number	is Not Acceptab	ole)		
JACKSON	VILLE, FL 32207			City				FL	Zip Cod	e
	named entity submits this statement f	or the purpose of chang	ng its register	ed office or	registere	ed agent, or both	, in the State of F			and accept
•										
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	id Agent signatu	re required	when reinstating)		DATE		
			9. Election Campaign Financing Trust Fund Contribution.							
	Filing Fee is \$61.25 Due by May 1, 2007	I				\$5.00 May Be			k payable t	
10.	Due by May 1, 2007	Trust f	und Contribut			Added to Fees	Flo	orida Depa	rtment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	Trust f	und Contribut 11. TITL NAN STRI	ion. (P EX	Added to Fees ADDITIONS/CHA Tie Chalm 145 Sail	Flo NGES TO OFFIC	orida Depar	IRECTORS IN Change	tate
TITLE NAME STREET ADDRESS	OFFICERS AND D P PUMPHREY, BOBBY 2445 SAN DIEGO ROAD	Trust fine Delete	11. TITL NAM STRI CITY TITL NAM STRI STRI STRI	E E E E E E E E E E E E E E E E E E E	D 64 7	Added to Fees DDITIONS/CHA tie Chalm 145 Sai ax T idget us Sar	NGES TO OFFICE TO Die 9 TO 32 Andressor	perida Departera	IRECTORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PUMPHREY, BOBBY 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207369 V ANDERSON, BRIDGET 2445 SAN DIEGO ROAD	Delete Delete	11. TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY	E EET ADDRESS - ST-ZIP E	TO JOBOT SOL	Added to Fees DDITIONS/CHA tie Chalm 145 Sai ax T idget 45 Sar ax F	NGES TO OFFICE TO Die 9 TO 32 Andressor	CERS AND DI	RECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PUMPHREY, BOBBY 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207369 V ANDERSON, BRIDGET 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207369 V SMITH, MIRIAM 2445 SAN DIEGO ROAD	Delete Delete Delete Delete	TILL NAM STRICTLY TITL NAM STRICTLY STRICTLY NAM STRICTLY	E E E E E E E E E E E E E E E E E E E	PER JOBET SAN	Added to Fees DDITIONS/CHA tie Chalm 145 Sar ax idget us Sar ax En Rut 45 San	MGES TO OFFICE THE SAPE	PERS AND DI	RECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PUMPHREY, BOBBY 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207369 V ANDERSON, BRIDGET 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207369 V SMITH, MIRIAM 2445 SAN DIEGO ROAD JACKSONVILLE, FL 32207369 T WHITE, JANIE 2445 SAN DIEGO ROAD	Delete Delete Delete Delete	TILL NAM STRICTLY TITL NAM STR	E E E E E E E E E E E E E E E E E E E	PER JOBS SAN KAN	Added to Fees DDITIONS/CHA tie Chalm 145 Sar ax idget us Sar ax En Rut 45 San	MGESTO OFFICE MESON Andresson Diego Diego Bridge Diego Diego	PERS AND DI	Change Change Change	Addition Addition

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATORE (ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07

104-641-3417