

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 09, 2012  
Secretary of State**

DOCUMENT# N03000005111

**Entity Name:** ST. CLOUD HIGH SCHOOL BAND BOOSTERS INC.**Current Principal Place of Business:**2000 BULLDOG LANE  
SAINT CLOUD, FL 34769 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 701256  
SAINT CLOUD, FL 34770 US**New Mailing Address:****FEI Number:** 20-0134380**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SPARKS, KATHY J  
1559 LAKEVIEW DRIVE  
KISSIMMEE, FL 34744 US**Name and Address of New Registered Agent:**CHABELAL, MICHELE D  
847 DORI COURT  
ST. CLOUD, FL 34772 US

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: MICHELE CHABELAL

07/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHABELAL, MICHELE D  
Address: 847 DORI COURT  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: VP  
Name: AMOS, LISA  
Address: 3358 CYPRESS POINT CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: T  
Name: CHAPMAN, MILINDA  
Address: 1851 CENTENNIAL AVE  
City-St-Zip: ST CLOUD, FL 34769 US

Title: S  
Name: DOYLE, CHRISTINE D  
Address: 1403 MASSACHUSETTS  
City-St-Zip: ST. CLOUD, FL 34769 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE CHABELAL

P

07/09/2012

Electronic Signature of Signing Officer or Director

Date