

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008772

FILED
Oct 01, 2004
Secretary of State**Entity Name:** THE CHIEFS BAND BOOSTER ASSOCIATION INC.**Current Principal Place of Business:**P O BOX 1991
OPALOCKA, FL 33056**New Principal Place of Business:**P O BOX 420190
MIAMI, FL 33142**Current Mailing Address:**P O BOX 1991
OPALOCKA, FL 33056**New Mailing Address:**P O BOX 420190
MIAMI, FL 33142**FEI Number:** 20-0297314**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 () Delete
Name: TOUCHSTONE, ROBERTA
Address: P O BOX 1991
City-St-Zip: OPALOCKA, FL 33056

Title: D () Delete
Name: MCPHEE, DAZZALENE
Address: P O BOX 1991
City-St-Zip: OPALOCKA, FL 33056

Title: D () Delete
Name: FELTON, JEFFREY
Address: P O BOX 1991
City-St-Zip: OPALOCKA, FL 33056

Title: D () Delete
Name: JONES, WANDA
Address: P O BOX 1991
City-St-Zip: OPALOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WALKER, TAMICO
Address: P O BOX 420190
City-St-Zip: MIAMI, FL 33142

Title: D (X) Change () Addition
Name: HOLSTON, MIRIAM
Address: P O BOX 420190
City-St-Zip: MIAMI, FL 33142

Title: D (X) Change () Addition
Name: FELTON, JEFFREY
Address: P O BOX 420190
City-St-Zip: MIAMI, FL 33142

Title: D (X) Change () Addition
Name: PERKINS, CAROLYN
Address: P O BOX 420190
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIRIAM HOLSTON

D

10/01/2004

Electronic Signature of Signing Officer or Director

Date