

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009815

FILED
May 08, 2006
Secretary of State

Entity Name: UMATILLA BAND BOOSTERS, INC.

Current Principal Place of Business:

305 E. LAKE ST.
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2062
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 80-0081693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAUTHEN, OLDDHAM & ASSOCIATES, P.A.
131 W. MAIN ST.
TAVARES, FL 32778 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DEMBY, SCOTT
Address: 38142 HERON DR.
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: LAWSON, STANLEY
Address: 305 E. LAKE ST.
City-St-Zip: UMATILLA, FL 32784

Title: SD () Delete
Name: WILLIAMSON, RICHARD
Address: 19635 EAGLES VIEW CIR.
City-St-Zip: UMATILLA, FL 32784

Title: PD () Delete
Name: WAITE, CHERYL
Address: P. O. BOX 2062
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: DEMBY, SCOTT
Address: 38142 HERON DR.
City-St-Zip: UMATILLA, FL 32784

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL WAITE

PRES

05/08/2006

Electronic Signature of Signing Officer or Director

Date