2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009815

Entity Name: UMATILLA BAND BOOSTERS, INC.

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

305 E. LAKE ST. UMATILLA, FL 32784

Current Mailing Address: New Mailing Address:

P. O. BOX 2062 UMATILLA, FL 32784

FEI Number: 80-0081693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAUTHEN, OLDHAM & ASSOCIATES, P.A. 131 W. MAIN ST. TAVARES, FL 32778 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TRES (X) Change () Addition () Delete

DEMBY, SCOTT FOWLER, JOLIE Name: Name: Address: 38142 HERON DR Address: P.O. BOX 350023

City-St-Zip: UMATILLA, FL 32784 City-St-Zip: GRAND ISLAND, FL 32735

Title: () Delete Title: () Change () Addition

LAWSON, STANLEY Name: Name: Address: 305 E. LAKE ST. Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition

WILLIAMSON, RICHARD Name: FOWLER, JOLIE Name: 19635 EAGLES VIEW CIR. Address: Address: P.O. BOX 350023

City-St-Zip: UMATILLA, FL 32784 City-St-Zip: GRAND ISLAND, FL 32735

Title: PD () Delete Title: PD (X) Change () Addition

WAITE, CHERYL Name: Name: WAITE, CHERYL M Address: P. O. BOX 2062 Address: P. O. BOX 2062 City-St-Zip: UMATILLA, FL 32784 City-St-Zip: UMATILLA, FL 32784

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 PD 03/21/2007