2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2007
Secretary of State

DOCUMENT# N03000010375

Entity Name: MARTINEZ BAND BOOSTERS, INC.

Current Principal Place of Business:

5601 LUTZ LAKE FERN ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5601 LUTZ LAKE FERN ROAD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 55-0852482 **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:

BARBER, MICHELLE
5601 LUTZ LAKE FERN ROAD
LUTZ, FL 33558 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: T ( ) Delete
Name: GRIMM, SUE
Address: 5601 LUTZ LAKE FERN RD
City-St-Zip: LUTZ, FL 33558

Title: S ( ) Delete
Name: DAVID, KIRK & EARLEEN
Address: 4331 CHEVAL BLVD
City-St-Zip: LUTZ, FL 33558

Title: D (X) Delete
Name: ANSELMO, YAMI
Address: 4109 HARBOR LAKE DR
City-St-Zip: LUTZ, FL 33558

Title: D (X) Delete
Name: LOWRY-HENRY, SHIRLEY
Address: 16903 MELISSA ANN DR
City-St-Zip: LUTZ, FL 33558

Title: D (X) Delete
Name: ANDRICHUK, GUY
Address: 16919 MELISSA ANN DR
City-St-Zip: LUTZ, FL 33558

Title: D (X) Delete
Name: DILLON, BETSY
Address: 15120 HEATHRIDGE DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: ZINCKGRAF, TIFFANY
Address: 5601 LUTZ LAKE FERN RD
City-St-Zip: LUTZ, FL 33558

Title: S (X) Change ( ) Addition
Name: TEAL, ADRIENNE
Address: 5601 LUTZ LAKE FERN RD
City-St-Zip: LUTZ, FL 33558

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE BARBER DIR. 08/05/2007
Electronic Signature of Signing Officer or Director — Date