

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010397**

1. Entity Name  
**LINCOLN HIGH BAND BOOSTERS, INC.**



Principal Place of Business  
**3838 TROJAN TR  
TALLAHASSEE, FL 32311**

Mailing Address  
**3838 TROJAN TR  
TALLAHASSEE, FL 32311**



02082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**71-0952467**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WOLFF, TIM  
3838 TROJAN TR  
TALLAHASSEE, FL 32311**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TODARO, CAROL
STREET ADDRESS	3838 TROJAN TR
CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	V
NAME	JOHNSON, SHERRI
STREET ADDRESS	3838 TROJAN TR
CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	S
NAME	KELLY, SALLIE
STREET ADDRESS	3838 TROJAN TR
CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	T
NAME	WOLFF, TIM
STREET ADDRESS	3838 TROJAN TR
CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000128076  
04/26/04-80023-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*George T Wolff*  
**George T Wolff**

**4-22-2004 850-922-5752**

Date

Daytime Phone #