


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90161 019 \*\*\*\*61.25

<b>DOCUMENT # N03000010391</b>					
<b>1. Entity Name</b> LINCOLN HIGH BAND BOOSTERS, INC.					
<b>Principal Place of Business</b> 3838 TROJAN TR TALLAHASSEE, FL 32311			<b>Mailing Address</b> 3838 TROJAN TR TALLAHASSEE, FL 32311		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 71-0952467	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WOLFF, TIM 3838 TROJAN TR TALLAHASSEE, FL 32311			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> TODARO, CAROL 3838 TROJAN TR TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Pat & Leslie Dees 3838 Trojan Trail Tallahassee FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> JOHNSON, SHERRI 3838 TROJAN TR TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>First VP</b> Tim Wolff 3838 Trojan Trail Tallahassee FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> KELLY, SALLIE 3838 TROJAN TR TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Second VP</b> Sallie Kelly 3838 Trojan Trail Tallahassee FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> WOLFF, TIM 3838 TROJAN TR TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> Lisa Punausua 3838 Trojan Trail Tallahassee FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> Pamela Warner 3838 Trojan Trail Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>George "Tim" Wolff</u> <b>George "Tim" Wolff</b> <b>4-4-05</b> <b>850-922-5752</b>					