

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010391					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 71-0952467				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFF, TIM 3838 TROJAN TR TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME DECS, PAT & LESLIE STREET ADDRESS 3838 TROJAN TR CITY - ST - ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1100000467302 CITY - ST - ZIP 03/23/06-80045-021 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 1VP NAME WOLFF, TIM STREET ADDRESS 3838 TROJAN TR CITY - ST - ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 2VP NAME KELLY, SALLIE STREET ADDRESS 3838 TROJAN TR CITY - ST - ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PUNAUSUIA, LISA STREET ADDRESS 3838 TROJAN TR CITY - ST - ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WARNET, PAMELA STREET ADDRESS 3838 TROJAN TR CITY - ST - ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Pamela Warnet</u> (Pamela Warnet)			3-9-06 850-878-4714 <small>Date Daytime Phone #</small>		