

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90252 018 ****61.25

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**

40000409



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072007 Chg-NP CR2E037 (12/06)

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**

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DECS, PAT & LESLIE	
STREET ADDRESS	3838 TROJAN TR	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	WOLFF, TIM	
STREET ADDRESS	3838 TROJAN TR	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	KELLY, SALLIE	
STREET ADDRESS	3838 TROJAN TR	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	S	<input type="checkbox"/> Delete
NAME	PUNAUSUIA, LISA	
STREET ADDRESS	3838 TROJAN TR	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARNET, PAMELA	
STREET ADDRESS	3838 TROJAN TR	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Martin	
STREET ADDRESS	3838 Trojan Trail	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Avon Doll	
STREET ADDRESS	3838 Trojan Trail	
CITY-ST-ZIP	Tallahassee, FL 32311	

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 *Pamela Warnet (Pamela Warnet)* 1-8-07 850-878-4714