

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90005 034 \*\*\*\*61.25

<b>DOCUMENT # N04000004891</b> 1. Entity Name <b>LAFAYETTE BAND BOOSTERS, INC.</b>					
Principal Place of Business <b>160 NE HORNET DR. MAYO, FL 32066</b>			Mailing Address <b>6111 S ST-349 BRANFORD, FL 32008</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 285</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>Mayo, FL</b> Zip                      Country <b>32066                      USA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>HAYDEN, SHELLEY 6111 S SR-349 BRANFORD, FL 32008</b>			7. Name and Address of New Registered Agent Name <b>Alisa Moore</b> Street Address (P.O. Box Number is Not Acceptable) <b>2717 SW CR 300</b>  City <b>Mayo</b> <b>FL</b> Zip Code <b>32066</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.					
SIGNATURE <u><i>Alisa Moore</i></u> <u>8-21-06</u> <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 September 6, 2006</b>		9. Election Campaign Financing 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFRIES, WANDA 6277 S. CR 349 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jack Decker 475 SW Edison Rd. Mayo, FL 32066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYDEN, JAMES C 6111 SSR-349 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Shelley Bearden 321 NW CR 250 Mayo, FL 32066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIS, THELMA 6277 S CR 349 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Susan Hutchins 1356 SE CR 340 Mayo, FL 32066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD HAYDEN, TERESSA R 6111 S SR-249 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D Alisa Moore 2717 SW CR 300 Mayo, FL 32066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD HAYDEN, TERESSA R 6111 S SR-249 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Bearden Mayo, FL 32066	<input type="checkbox"/> Change <input checked="" 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><i>Alisa Moore</i></u> <u>8-21-06</u> <u>386-294-1789</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					