

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90020 040 \*\*\*\*61.25

**DOCUMENT # N04000004891**

1. Entity Name  
**LAFAYETTE BAND BOOSTERS, INC.**



Principal Place of Business  
**160 NE HORNET DR.  
MAYO, FL 32066**

Mailing Address  
**PO BOX 285  
MAYO, FL 32066**

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

03132007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, ALISA  
2717 SW CR 300  
MAYO, FL 32066**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **DECKER, JACK**  
STREET ADDRESS **475 SW EDISON RD**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **P** ☐ Change ☒ Addition  
NAME **MOORE, EDWIN**  
STREET ADDRESS **2717 SW CR 300**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **VPD** ☒ Delete  
NAME **BEARDEN, SHELLEY**  
STREET ADDRESS **321 NW CR 250**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **VP** ☐ Change ☒ Addition  
NAME **DOTTIE CLARK**  
STREET ADDRESS **150 NW WHITE WATER TRAIL**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **S** ☒ Delete  
NAME **HUTCHINS, SUSAN**  
STREET ADDRESS **1256 SE CR 340**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **S** ☐ Change ☒ Addition  
NAME **TRACY HENDERSON**  
STREET ADDRESS **CR 300**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **TD** ☐ Delete  
NAME **MOORE, ALISA**  
STREET ADDRESS **2717 SW CR 300**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **D** ☐ Change ☒ Addition  
NAME **CAROLYN LAND**  
STREET ADDRESS **122 SE Heritage Court**  
CITY-ST-ZIP **Branford, FL 32008**

TITLE **D** ☒ Delete  
NAME **BEARDEN, MIKE**  
STREET ADDRESS **6111 S SR -249**  
CITY-ST-ZIP **GWYNN, VA 23066**

TITLE **D** ☐ Change ☒ Addition  
NAME **ANNA MILLER**  
STREET ADDRESS **228 SE ALICIA BLVD**  
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
NAME **Susan Hutchins**  
STREET ADDRESS **1256 SE CR 340**  
CITY-ST-ZIP **MAYO, FL 32066**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-07**

Date

**386-294-1040**

Daytime Phone #