


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004891</b> 1. Entity Name <b>LAFAYETTE BAND BOOSTERS, INC.</b>	
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Principal Place of Business <b>160 NE HORNET DR. MAYO, FL 32066</b>	Mailing Address <b>PO BOX 285 MAYO, FL 32066</b>
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02142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MOORE, ALISA 2717 SW CR 300 MAYO, FL 32066</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000832350 02/27/08-80055-015 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, EDWIN 2717 SW CR 300 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, DOTTIE 150 NW WHITE WATER TRAIL MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINS, SUSAN 1256 SE CR 340 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, ALISA 2717 SW CR 300 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, TRACY CR 300 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAND, CAROLYN 122 SE HERITAGE CT BRANFORD, FL 32008

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Alisa Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/08*  
Date

*386-294-1040*  
Daytime Phone #