

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004929

FILED
Apr 29, 2005
Secretary of State

Entity Name: STINGRAY BAND BOOSTERS, INC.

Current Principal Place of Business:

1200 S. MYRTLE AVE.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1200 S. MYRTLE AVE.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 65-1242813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OHLIN, KATHLEEN
2215 LIME TREE DR.
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

DENNIS, KIMBERLY J
14 PINES EDGE COURT
EDGEWATER, FL 32132 US

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.

SIGNATURE: KIMBERLY DENNIS

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OHLIN, KATHLEEN
Address: 2215 LIME TREE DR.
City-St-Zip: EDGEWATER, FL 32141

Title: VD () Delete
Name: YOUNG, CATHY
Address: 804 E. NINETEENTH AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD () Delete
Name: KISCH, KELLY
Address: 1100 WILLARD ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DENNIS, KIMBERLY J
Address: 14 PINES EDGE COURT
City-St-Zip: EDGEWATER, FL 32132

Title: VD (X) Change () Addition
Name: YOUNG, CATHERINE
Address: 804 E. NINETEENTH AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE YOUNG

VD

04/29/2005

Electronic Signature of Signing Officer or Director

Date