

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90040 022 \*\*\*\*61.25

**DOCUMENT # N04000004929**

1. Entity Name

STINGRAY BAND BOOSTERS, INC.



Principal Place of Business

1200 S. MYRTLE AVE.  
NEW SMYRNA BEACH FL 32168

Mailing Address

1200 S. MYRTLE AVE.  
NEW SMYRNA BEACH FL 32168

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

4. FEI Number

65-1242813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIELAND, JANE  
4359 DEA COVE  
NEW SMYRNA BEACH FL 32169

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 WIELAND, JANE  
STREET ADDRESS 4359 SEA COVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME HEWES, BOB  
STREET ADDRESS 3001 S ATLANTIC AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE V ☒ Change ☐ Addition  
NAME PREISS, REBECCA  
STREET ADDRESS 9303 ROYAL PALM DRIVE  
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE S ☒ Delete  
NAME DAVIS, CAROL  
STREET ADDRESS 501 VINEYARD LN  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE S ☒ Change ☐ Addition  
NAME CARLA HEWES  
STREET ADDRESS 3423 VISTA PALM DRIVE  
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE T ☒ Delete  
NAME CLIBBON, ROBERT  
STREET ADDRESS 6427 ENGRAM RD  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE T ☒ Change ☐ Addition  
NAME KATHLEEN HEWES  
STREET ADDRESS 3001 S. ATLANTIC #422  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME HOLLY CRANDALL  
STREET ADDRESS 2 SWAN AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kathleen Hewes, Treasurer*  
KATHLEEN HEWES

3/16/08

(386)  
6634918