2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N04000004929

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 ( )**

Name and Address of Current Registered Agent:

WIELAND, JANE
4359 DEA COVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WIELAND, JANE
Address: 4359 SEA COVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: V ( ) Delete
Name: PREISS, REBECCA
Address: 2303 ROYAL PALM DR
City-St-Zip: EDGEWATER, FL 32141 US

Title: S ( ) Delete
Name: MEEKS, CARLA
Address: 3423 VISTA PALM DR
City-St-Zip: EDGEWATER, FL 32141 US

Title: T ( ) Delete
Name: HEWES, KATHLEEN
Address: 3001 S ATLANTIC 422
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VP (X) Delete
Name: CRANDALL, HOLLY
Address: 2 SWAN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HEWES, ROBERT
Address: 3001 S ATLANTIC 422
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: V (X) Change ( ) Addition
Name: MCALLISTER, STACEY
Address: 1576 LEWIS LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S (X) Change ( ) Addition
Name: HAAS, CARLA
Address: 3423 VISTA PALM DR
City-St-Zip: EDGEWATER, FL 32141 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN HEWES T 03/18/2009

Electronic Signature of Signing Officer or Director — Date