2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# N04000007508

Entity Name: GAMBLE ROGERS MUSIC BOOSTERS INC.

Current Principal Place of Business:

6250 US1SOUTH
BANDROOM
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

6250 US1SOUTH
BANDROOM
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-1299993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MICHAEL D
856 ALHAMBRA AVE
SAINT AUGUSTINE, FL 32086 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:	WILLIAMS, MICHAEL D	
Address:	856 ALHAMBRA AVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32086 US	
Title:	VP	( ) Delete
Name:	SAGE, JO	
Address:	217 HARVARD ROAD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086 US	
Title:	TREA	( ) Delete
Name:	WILLIAMS, DEBBIE M	
Address:	856 ALHAMBRA AVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32086 US	
Title:	SEC	( ) Delete
Name:	SILVERIO, PAMELA	
Address:	717 DELSPINE AVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	HIST	( ) Delete
Name:	EHLING, NANCY	
Address:	213 COTORRO LANE	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MICHAEL D WILLIAMS P 01/15/2005

Electronic Signature of Signing Officer or Director — Date