

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001413

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: A.H.S. BAND BOOSTERS, INC.

## Current Principal Place of Business:

550 ALF COLEMAN ROAD  
PANAMA CITY BEACH, FL 32407

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 19707  
PANAMA CITY BEACH, FL 32417

## New Mailing Address:

FEI Number: 30-0291187      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAXLEY, KIMBERLY A  
2515 PELICAN BAY DRIVE  
PANAMA CITY BEACH, FL 32408      US

## Name and Address of New Registered Agent:

BANCROFT, KRISTI L  
4412 COLLEGIATE LANE  
PANAMA CITY, FL 32405      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: KRISTI L BANCROFT

01/25/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CUTSHAW, CHARLES  
Address: 247 BOCA SHORES DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VP ( ) Delete  
Name: GILLIGAN, APRIL  
Address: 129 OLEANDER CIRCLE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: E ( ) Delete  
Name: BRANNAN, JAYNE  
Address: 8026 S. LAGOON DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: F ( ) Delete  
Name: BANCROFT, KRISTI  
Address: 4412 COLLEGIATE LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S ( ) Delete  
Name: REDMOND, CELIA  
Address: 7211 LAGOON DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: C ( ) Delete  
Name: HOECKLEY, RHONDA  
Address: 298 MOONLIGHT BAY DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

## 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:

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: KRISTI L BANCROFT

F

01/25/2008

Electronic Signature of Signing Officer or Director

Date