2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002588

FILED Apr 30, 2006 Secretary of State

Entity Name: RIVER RIDGE MIDDLE SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MIDDLE SCHOOL BAND DIRECTOR 11646 TOWN CENTER ROAD NEW PORT RICHEY, FL 34654

Current Mailing Address: New Mailing Address:

C/O MIDDLE SCHOOL BAND DIRECTOR 11646 TOWN CENTER ROAD NEW PORT RICHEY, FL 34654

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAZICH, LESLEY 7418 LAKE FOREST CIR PORT RICHEY, FL 34668 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 PIOSZAK, LORRAINE
 Name:
 MEHLROSE, CINDY

 Address:
 9630 SUNSHINE BLVD
 Address:
 12809 BALSOM AVE.

 City-St-Zip:
 NEW PORT RICHEY, FL 34654
 City-St-Zip:
 HUDSON, FL 34669

 Name:
 LAZICH, LESLEY
 Name:
 MCINNIS, JEANNE

 Address:
 7418 LAKE FOREST CIR
 Address:
 12015 CARVER AVE

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34654

 Name:
 LAZICH, RICHARD
 Name:
 LAZICH, LESLÉY

 Address:
 7418 LAKE FOREST CIR
 Address:
 7418 LAKE FOREST CIR

 City-St-Zip:
 PORT RICHEY, FL 34668
 City-St-Zip:
 PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY MEHLROSE PD 04/30/2006