2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N05000002588

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAZICH, LESLEY
7418 LAKE FOREST CIR
PORT RICHEY, FL 34668 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: PD ( ) Delete
Name: DUNPHY, ELNORA
Address: 11138 LAKEVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TD ( ) Delete
Name: GOLDBLATT, CARL
Address: 10531 LAKEVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TR ( ) Delete
Name: LAZICH, LESLEY
Address: 7418 LAKE FOREST CIR
City-St-Zip: PORT RICHEY, FL 34668

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:

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: ELNORA DUNPHY PD 05/01/2008
Electronic Signature of Signing Officer or Director — Date