

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90150 039 ****61.25

DOCUMENT # N05000003631

1. Entity Name
BOZEMAN BAND BOOSTERS INCORPORATED



Principal Place of Business
**13410 HWY 77
PANAMA CITY, FL 32409**

Mailing Address
**13410 HWY 77
PANAMA CITY, FL 32409**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
35-2218449

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, NEIL IV
13410 HWY 77
PANAMA CITY, FL 32409**

Name **John E. Harcus**
Street Address (P.O. Box Number is Not Acceptable)
13410 Hwy 77
City **Panama City** FL Zip Code **32409**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John E. Harcus**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **JONES, ANITA**
STREET ADDRESS **8912 KINGSWOOD RD**
CITY-ST-ZIP **SOUTH PORT, FL 32409**

TITLE **VP** ☒ Change ☒ Addition
NAME **TAMBRA CABRERA**
STREET ADDRESS **123 WOODLAWN DR**
CITY-ST-ZIP **SOUTH PORT, FL 32409**

TITLE **VP** ☒ Delete
NAME **JED, VICTOR A**
STREET ADDRESS **400 JOSEPH CIR**
CITY-ST-ZIP **SOUTH PORT, FL 32409**

TITLE **HIST** ☐ Change ☒ Addition
NAME **MARIANNE DOBBS**
STREET ADDRESS **140 HILL RD**
CITY-ST-ZIP **CALLAWAY, FL 32404**

TITLE **VP** ☐ Delete
NAME **FALKE, MARGARET**
STREET ADDRESS **16533 KATHY LN**
CITY-ST-ZIP **YOUNGSTOWN, FL 32466**

TITLE **P** ☒ Change ☐ Addition
NAME **FALKE, MARGARET**
STREET ADDRESS **16533 KATHY LN**
CITY-ST-ZIP **YOUNGSTOWN, FL 32466**

TITLE **T** ☐ Delete
NAME **JED, DENISE**
STREET ADDRESS **400 JOSEPH CIR**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MITCHELL, PATRICIA K**
STREET ADDRESS **2150 HILL DRIVE**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **HIST** ☐ Delete
NAME **ROPER, SHELLEY**
STREET ADDRESS **1131 4TH CIRCLE**
CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE **VP** ☒ Change ☐ Addition
NAME **Roper, Shelley**
STREET ADDRESS **1131 4th Circle**
CITY-ST-ZIP **Southport, FL 32409**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise Jed

DENISE JED - T

4/30/08 (850)271-9695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #