

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003631

FILED
Apr 20, 2009
Secretary of State

Entity Name: BOZEMAN BAND BOOSTERS INCORPORATED

Current Principal Place of Business:

13410 HWY 77
PANAMA CITY, FL 32409

New Principal Place of Business:

Current Mailing Address:

13410 HWY 77
PANAMA CITY, FL 32409

New Mailing Address:

FEI Number: 35-2218449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARCUS, JOHN E
13410 HWY 77
PANAMA CITY, FL 32409 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: VP () Delete
Name: CABRERA, TAMBRA
Address: 123 WOODLAWN DR
City-St-Zip: SOUTHPORT, FL 32409

Title: HIST () Delete
Name: DOBBS, MARIANNE
Address: 140 HILL RD
City-St-Zip: CALLAWAY, FL 32404

Title: P () Delete
Name: FALKE, MARGARET
Address: 16533 KATHY LN
City-St-Zip: YOUNGSTOWN, FL 32466

Title: T () Delete
Name: JED, DENISE
Address: 400 JOSEPH CIR
City-St-Zip: SOUTHPORT, FL 32409

Title: S (X) Delete
Name: MITCHELL, PATRICIA K
Address: 2150 HILL DRIVE
City-St-Zip: CHIPLEY, FL 32428

Title: VP (X) Delete
Name: ROPER, SHELLEY
Address: 1131 4TH CIRCLE
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CABRERA, TAMBRA
Address: 123 WOODLAWN DR
City-St-Zip: SOUTHPORT, FL 32409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: MITCHELL, PATRICIA K
Address: P. O. BOX 8151
City-St-Zip: SOUTHPORT, FL 32409

Title: SEC (X) Change () Addition
Name: MITCHELL, WAYNE
Address: P. O. BOX 8151
City-St-Zip: SOUTHPORT, FL 32409

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: PATRICIA K. MITCHELL

TRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date