## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006523

Entity Name: LEMON BAY BAND BOOSTERS, INC.

FILED Apr 29, 2009 Secretary of State

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

2201 PLACIDA RD. ENGLEWOOD, FL 34224

Current Mailing Address: New Mailing Address:

P.O. BOX 406 ENGLEWOOD, FL 34295

FEI Number: 20-3019686 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MEISER, TRISH 7257 DEEGAN STREET ENGLEWOOD, FL 34224 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

## Electronic eignature er register

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition
Name: KOLB, TINA Name: DAWSON, DORISSA
Address: 7317 DEECAN STREET

Address: 7217 DEEGAN STREET Address: 3410 BLITMAN STREET
City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: KISSNER, CONNIE Name: HAMASIAN, DONNA

 Address:
 2700 N BEACH RD., #C-105
 Address:
 11134 JACQUELINE AVE

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:
 ENGLEWOOD, FL 34224

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MEISER, TRISH
 Name:

 Address:
 7257 DEEGAN STREET
 Address:

 City-St-Zip:
 ENGLEWOOD, FL 34224
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

Name: DICKERSON, JANE Name: MALASICS, TINA
Address: 9058 APPLE VALLEY AVE Address: 9 CLUBHOUSE PLACE
City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ROTONDA WEST, FL 33947

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: TRISH MEISER T 04/29/2009