

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# N05000006612

Entity Name: HAGERTY HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:

3225 LOCKWOOD BLVD
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

3225 LOCKWOOD BLVD
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-3035487 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

GALLUZZO, JOHN D ESQ
1759 W BROADWAY STREET SUITE 3
OVIEDO, FL 32765 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: HONOLD, NANCY
Address: 3051 GOLDSBORO PLACE
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: JANOUSKY, PEGGY
Address: 1707 DAVENPORT CT
City-St-Zip: WINTER PARK, FL 32708

Title: TD () Delete
Name: WESTLEY, ANA C
Address: 1603 RIVER BIRCH AVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: MOMARY, SAM
Address: 3225 LOCKWOOD BLVD
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: RICE, MICHAEL
Address: 3225 LOCKWOOD BLVD
City-St-Zip: OVIEDO, FL 32765

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:

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 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: ANA C. WESTLEY

TD

07/01/2006

Electronic Signature of Signing Officer or Director

_____ Date