

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 13, 2007
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 ()****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: GIARRATANA, EILEEN
Address: 1584 BAY CLUB RD
City-St-Zip: OVIEDO, FL 32766

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

Title: VD () Delete
Name: COX BLAIR, WENDY A
Address: 2999 JOSEPH CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COX BLAIR, WENDY
Address: 2999 JOSEPH CIRCLE
City-St-Zip: OVIEDO, FL 32765

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

Title: TD (X) Change () Addition
Name: NASH, TAMMY
Address: 1003 BONNET CREEK CT
City-St-Zip: OVIEDO, FL 32765

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

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

Title: VD (X) Change () Addition
Name: BUNKOWSKE, JANE
Address: 400 LAKE EVA DR
City-St-Zip: OVIEDO, FL 32766

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: WENDY COX BLAIR

PD

06/13/2007

Electronic Signature of Signing Officer or Director

Date