


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006612 1. Entity Name HAGERTY HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC.	
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Principal Place of Business 3225 LOCKWOOD BLVD OVIEDO, FL 32765	Mailing Address 3225 LOCKWOOD BLVD OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3035487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLUZZO, JOHN D ESQ
1759 W BROADWAY STREET SUITE 3
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

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

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

U00000789838
01/23/08-80009-019 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX BLAIR, WENDY 2999 JOSEPH CIRCLE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIARRATANA, EILEEN 1584 BAY CLUB RD OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NASH, TAMMY 1003 BONNET CREEK CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOMARY, SAM 3225 LOCKWOOD BLVD OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, MICHAEL 3225 LOCKWOOD BLVD OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUNKOWSKE, JANE 400 LAKE EVA DR OVIEDO, FL 32766

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IN THIS SPACE**

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: Tammy K. Nash 1-15-08 407-365-6320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Citytime Phone #