2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006612

FILED Mar 22, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 3225 LOCKWOOD BLVD OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 3225 LOCKWOOD BLVD OVIEDO, FL 32765 FEI Number: 20-3035487 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: GALLUZZO, JOHN D ESQ 1759 W BROADWAY STREET SUITE 3 OVIEDO, FL 32765 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COX BLAIR, WENDY GIARRATANA, EILEEN Name: Name: 2999 JOSEPH CIRCLE Address: 1584 BAY CLUB RD Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32766 Title: VD () Delete Title: (X) Change () Addition GIARRATANA, EILEEN Name: VIZCARRONDO, SHEILA Name: Address: 1584 BAY CLUB RD Address: 3440 WILD EAGLE RUN City-St-Zip: OVIEDO, FL 32766 City-St-Zip: OVIEDO, FL 32766 Title: TD () Delete Title: (X) Change () Addition NASH, TAMMY NASH, TAMMY Name: Name: 1003 BONNET CREEK CT 1003 BONNET CREEK CT Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change () Addition Name: MOMARY, SAM Name: 3225 LOCKWOOD BLVD Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition RICE, MICHAEL Name: Name: 3225 LOCKWOOD BLVD Address: Address: City-St-Zip: OVIEDO, FL 32765 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TAMMY NASH T 03/22/2009

() Delete

BUNKOWSKE, JANE

400 LAKE EVA DR

OVIEDO, FL 32766

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

ZEMBOWER, LISA

127 BIG OAK BEND

CHULUOTA, FL 32766