


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90096 035 ****70.00

DOCUMENT # N05000007209 1. Entity Name OSCEOLA HIGH SCHOOL BAND ASSOCIATION, INC.					
Principal Place of Business 9751 98TH STREET NORTH SEMINOLE, FL 33777			Mailing Address 9751 98TH STREET NORTH SEMINOLE, FL 33777		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SUTTLE, TIMOTHY C/O OSCEOLA HIGH SCHOOL 9751 98TH STREET NORTH SEMINOLE, FL 33777			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, KATHLEEN 9751 98TH ST NORTH SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dedert, Melanic 9751 98th St. North Seminole, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V YOUNG, GEORGANNE 9751 98TH STREET NORTH SEMINOLE, FL 33777		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S APPEL, MARY ELLEN 9751 98TH STREET NORTH SEMINOLE, FL 33777		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T HAMMER, TRACY 9751 98TH STREET NORTH SEMINOLE, FL 33777		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D NEGRON, JERRY SR 9751 98TH STREET NORTH SEMINOLE, FL 33777		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LANE, JENNIFER 9751 98TH STREET NORTH SEMINOLE, FL 33777		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P Ryan, Linda 9751 98th St. North Seminole, FL 33777		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Tracy Hammer</u> <u>Tracy Hammer</u> <u>4/18/07</u> <u>727-773-4089</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					