

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007209

FILED
Jun 26, 2009
Secretary of State

Entity Name: OSCEOLA HIGH SCHOOL BAND ASSOCIATION, INC.

Current Principal Place of Business:

9751 98TH STREET NORTH
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

9751 98TH STREET NORTH
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 14-1934234 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

SUTTLE, TIMOTHY
C/O OSCEOLA HIGH SCHOOL
9751 98TH STREET NORTH
SEMINOLE, FL 33777 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: P () Delete
Name: DEDERT, MEZANIE
Address: 9751 N. 98TH STREET
City-St-Zip: SEMINOLE, FL 33777

Title: V () Delete
Name: CRASKE, LYNN
Address: 9751 98TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777

Title: S () Delete
Name: BOISVERT, SUZANNE
Address: 9751 98TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777

Title: T () Delete
Name: LEAHMAN, ELIZABETH
Address: 9751 98TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: NEGRON, JERRY SR
Address: 9751 98TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: RYAN, LINDA
Address: 9751 98TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEDERT, MELANIE
Address: 9751 N. 98TH STREET
City-St-Zip: SEMINOLE, FL 33777

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

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

Title: T (X) Change () Addition
Name: LEHMANN, ELIZABETH
Address: 9751 98TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33777

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 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: ELIZABETH LEHMANN

T

06/26/2009

Electronic Signature of Signing Officer or Director

Date