

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90048 013 ****61.25

DOCUMENT # N05000009332 1. Entity Name MARTINEZ ORCHESTRA BOOSTERS, INC.					
Principal Place of Business 5601 LUTZ LAKE FERN ROAD LUTZ, FL 33558			Mailing Address 5601 LUTZ LAKE FERN ROAD LUTZ, FL 33558		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142006 Chg-NP CR2E037 (11/05)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEINRICHS, ARTHUR J 2817 PALAMORE DRIVE TAMPA, FL 33618			7. Name and Address of New Registered Agent Name <u>Whitaker, Belinda</u> Street Address (P.O. Box Number is Not Acceptable) <u>19112 Holly Lane</u> <u>Lutz, FL. 33548</u> City <u>Lutz</u> FL Zip Code <u>33548</u>		
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 <u>Belinda Whitaker</u> <u>Belinda Whitaker -T</u> <u>2/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	T HEINRICHS, ARTHUR J 2817 PALAMORE DRIVE TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Belinda Whitaker 19112 Holly Lane Lutz, FL. 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARR, BETH 17438 ISBELL LANE ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cynthia Walston 4717 Corsage Dr. Lutz, FL. 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, BELINDA 19112 HOLLY LANE LUTZ, FL 33548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRNBAUM, KIMBERLY 5124 RUE VENDOME LUTZ, FL 33558	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ANDREA 5606 TPC BLVD. LUTZ, FL. 33558	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, SCOTT 17438 ISBELL LANE ODESSA, FL 33556	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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>Belinda Whitaker</u> <u>Belinda Whitaker -T</u> <u>2/22/06</u> 813-949-2079 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					