

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012371

FILED
May 13, 2008
Secretary of State

Entity Name: WILLISTON BAND BOOSTERS, INC.

Current Principal Place of Business:

427 W NOBLE AVE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

427 W NOBLE AVE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 20-4352399 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:

PIRZER, BILL
427 W NOBLE AVE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

JOHNSON, ALVIN
427 W NOBLE AVE
WILLISTON, FL 32696 US

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: ALVIN JOHNSON

05/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARSWELL, MARK
Address: 116 7TH ST
City-St-Zip: WILLISTON, FL 32696

Title: DS () Delete
Name: POUPARD, EVELYN
Address: 5030 NE 155TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: DT () Delete
Name: COX, LUANN
Address: 18051 NE 75TH STR
City-St-Zip: WILLISTON, FL 32696

Title: DV () Delete
Name: BLOOM, RICKY
Address: 2601 SE 144TH CT
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: POUPARD, MARK PRESIDE
Address: 5030 NE 155TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: DS (X) Change () Addition
Name: POUPARD, EVELYN SECRETA
Address: 5030 NE 155TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: DT (X) Change () Addition
Name: COX, LUANN M TREASUR
Address: 18051 NE 35TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: DV (X) Change () Addition
Name: BLOOM, RICKY VPRES
Address: 2601 SE 144TH CT
City-St-Zip: WILLISTON, FL 32696

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: LUANN M. COX

DT

05/13/2008

Electronic Signature of Signing Officer or Director

Date