

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012371

FILED
Jan 15, 2009
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:

P.O. BOX 232
WILLISTON, FL 32696

FEI Number: 20-4352399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHNSON, ALVIN DIRECTO
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

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LUANN M. COX

DT

01/15/2009

Electronic Signature of Signing Officer or Director

Date