

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012371

**FILED**  
**May 02, 2011**  
**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:**

P.O. BOX 232  
WILLISTON, FL 32696

**New Mailing Address:**

**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 DIRECTO  
427 W NOBLE AVE  
WILLISTON, FL 32696 US

**Name and Address of New Registered Agent:**

DUNN, CHRISTOPHER 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: CHRISTOPHER DUNN

05/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CHAFFEE, ERIC PRESIDE  
Address: 13331 SE 30TH STREET  
City-St-Zip: MORRISTON, FL 32668

Title: DS  
Name: SANCHEZ, DIANA A SECRETA  
Address: 13651 SE 72ND PLACE  
City-St-Zip: MORRISTON, FL 32668

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

Title: DV  
Name: TOZZO-JULIAN, CARMEN I VPRES  
Address: 5450 NE 160TH AVE  
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: LUANN M. COX

TREA

05/02/2011

Electronic Signature of Signing Officer or Director

Date