

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Mar 10, 2011  
Secretary of State

**Entity Name:** IDA BAKER HIGH SCHOOL BAND BOOSTERS INC.

**Current Principal Place of Business:**

3500 AGUALINDA BLVD  
ATTN: BAND DIRECTOR  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

3500 AGUALINDA BLVD  
ATTN: BAND DIRECTOR  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 20-3640689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IDA BAKER BAND BOOSTERS  
3500 AGUALINDA BLVD  
ATTN: BAND DIRECTOR  
CAPE CORAL, FL 33914 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: D  
Name: GOFF, JUSTIN  
Address: 3500 AGUALINDA BLVD  
City-St-Zip: CAPE CORAL, FL 33914

Title: P  
Name: BIAS, WINSTON  
Address: 3401 SW 25TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: V  
Name: PETRONE, TRACEY C  
Address: 1000 SW 33RD STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: T  
Name: MELTON, JULIE  
Address: 1917 SW 28TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: S  
Name: CURBELO, MONICA  
Address: 3717 SE 4TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

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: TRACEY PETRONE

VP

03/10/2011

Electronic Signature of Signing Officer or Director

Date