

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90346 006 ****70.00

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|--|--|---|--|--|--|
| DOCUMENT # N06000003629 1. Entity Name GLADES MIDDLE SCHOOL BAND BOOSTERS, INC. | | | | | |
| Principal Place of Business 201 SW 172ND AVENUE PEMBROKE PINES, FL 33029 | | | Mailing Address 201 SW 172ND AVENUE PEMBROKE PINES, FL 33029 | | |
| 2. Principal Place of Business - No P.O. Box # 16700 SW 48th Court | | 3. Mailing Address 16700 SW 48th Court | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State MIRAMAR, FLORIDA | | City & State MIRAMAR, FLORIDA | | 4. FEI Number 30-0590731 | |
| Zip 33027 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33027 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZEAL, YOLANDA 17666 SW 10TH STREET PEMBROKE PINES, FL 33029 | | | | 7. Name and Address of New Registered Agent Name Kim CUSTER Street Address (P.O. Box Number is Not Acceptable) 18560 SW 7th STREET City PEMBROKE PINES FL Zip Code 33029 | |
| 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 Kim CUSTER DATE 4/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | D <input checked="" type="checkbox"/> Delete ZEAL, YOLANDA 17666 SW 10TH STREET PEMBROKE PINES, FL 33029 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kim CUSTER, Kim 18560 SW 7th St. Pembroke Pines, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete SERIX, KARINA 4205 SW 151 TERRACE MIRAMAR, FL 33027 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mastrolanni, Karen 20567 SW 1st Pembroke Pines, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TAYLOR, LEIGHTON 15896 SW 26TH STREET MIRAMAR, FL 33027 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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>Leighton Taylor</u> / LEIGHTON TAYLOR | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 04/24/2008 Daytime Phone # (954) 963-1337 | | | | | |