# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 31, 2007**
**Secretary of State**

DOCUMENT# N06000004578

**Entity Name:** JACKSON HEIGHTS MIDDLE SCHOOL BAND BOOSTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

141 ACADEMY AVE.
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

141 ACADEMY AVE.
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number: 33-1178940** **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:**

DEWETT, JAMES
724 S. LAKE CLAIRE CIR.
OVIEDO, FL 32765 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 ( ) Delete
Name: WILLIAMSON, JEREMY
Address: 141 ACADEMY AVE.
City-St-Zip: OVIEDO, FL 32765

Title: DP ( ) Delete
Name: DEWETT, JAMES
Address: 724 S. LAKE CLAIRE CIR.
City-St-Zip: OVIEDO, FL 32765

Title: DT ( ) Delete
Name: WEIGHILL, MELANIE
Address: 675 KELLY GREEN ST.
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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: D1VP ( ) Change (X) Addition
Name: DEWETT, PAMELA
Address: 724 S. LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D2VP ( ) Change (X) Addition
Name: ROBERTSON, TIFFANY
Address: 141 ACADEMY AVE
City-St-Zip: OVIEDO, FL 32765

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: JAMES DEWETT PRES 08/31/2007

Electronic Signature of Signing Officer or Director — Date