

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000004578

FILED
Sep 16, 2009
Secretary of State

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:

ROBERSON, TIFFANY
603 LAKE CLAIRE CT
OVIEDO, FL 32765 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: TIFFANY ROBERSON

09/16/2009

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: ROBERSON, TIFFANY
Address: 603 LAKE CLAIRE CT
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change () Addition
Name: MCNAMARA, SUE
Address: 141 ACADEMY AVE.
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change () Addition
Name: BYINGTON, MARY
Address: 461 BERACLIFF CT
City-St-Zip: OVIEDO, FL 32765

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: TIFFANY ROBERSON

DP

09/16/2009

Electronic Signature of Signing Officer or Director

Date