2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010138

FILED Jul 15, 2008 Secretary of State

Entity Name: MARKHAM WOODS MIDDLE SCHOOL BAND BOOSTERS, INC

Current Principal Place of Business: New Principal Place of Business: 6003 MARKHAM WOODS ROAD LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 6003 MARKHAM WOODS ROAD LAKE MARY, FL 32746 FEI Number: 20-5623885 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: Name and Address of New Registered Agent: WHITE, JOHN 6003 MARKHAM WOODS ROAD LAKE MARY, FL 32746 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RUSKIN, CRAIG Name: Name: Address: 6927 SYLVAN WOODS DR Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BRIGGS, CHERI Name: JOLLY, NANCY Address: 213 CAPRI COVE PLACE Address: 102 E GREENTREE LN City-St-Zip: SANFORD, FL 32771 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: () Change () Addition WHITE, JOHN Name: Name: Address: 8 MANATEE ST Address: City-St-Zip: SORRENTO, FL 32776 City-St-Zip: () Delete Title: Title: () Change () Addition Name: EISENBERG, LOUIS Name: Address: 2439 RIVER TREE CIRCLE Address: City-St-Zip: SANFORD, FL 32771 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: JOHN WHITE S 07/15/2008