

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010138

FILED
Sep 17, 2009
Secretary of State

Entity Name: MARKHAM WOODS MIDDLE SCHOOL BAND BOOSTERS, INC

Current Principal Place of Business:

6003 MARKHAM WOODS ROAD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

6003 MARKHAM WOODS ROAD
LAKE MARY, FL 32746

New Mailing Address:

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 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSKIN, CRAIG
Address: 6927 SYLVAN WOODS DR
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: JOLLY, NANCY
Address: 102 E GREENTREE LN
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: WHITE, JOHN
Address: 8 MANATEE ST
City-St-Zip: SORRENTO, FL 32776

Title: T () Delete
Name: EISENBERG, LOUIS
Address: 2439 RIVER TREE CIRCLE
City-St-Zip: SANFORD, FL 32771

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WAKIL, GWYN
Address: 703 CIRCKLEWOOD TERR
City-St-Zip: LAKE MARY, FL 32746

Title: VP (X) Change () Addition
Name: SOLOMON, HEIDI
Address: 1971 LAKE MARKHAM PRESERVE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: TRS (X) Change () Addition
Name: SCHOLL, MICHAEL
Address: 2782 MARSH WREN CIR
City-St-Zip: LONGWOOD, FL 32779

Title: SEC (X) Change () Addition
Name: DRURY, SUMMER
Address: 1971 LAKE MARKHAM PRESERVE TRAIL
City-St-Zip: SANFORD, FL 32771

Title: DIR () Change (X) Addition
Name: WHITE, JOHN
Address: 850 VINCENT DR
City-St-Zip: MOUT DORA, FL 32757

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

DIR

09/17/2009

Electronic Signature of Signing Officer or Director

Date