

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/12/2007-90002-025-\$70.00-\$70.00


FILED

07 OCT -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000012472					
1. Entity Name THE MARCHING MUSTANG BAND PARENT AND BOOSTER ASSOCIATION, INC.					
Principal Place of Business 2323 LITTLE RD NEW PORT RICHEY, FL 34655			Mailing Address 2323 LITTLE RD NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2109827	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAPONI, LISA M 8322 KABARDIN CT TRINITY, FL 34655				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: _____ (NOTE: Registered Agent signature is required when re-appointing) DATE: _____					
Filing Fee is \$61.25 Due by September 14, 2007			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					
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGLIN, CHERYL		NAME		
STREET ADDRESS	2547 TOTTENHAM DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TISINGER, DAWN		NAME	SLAUGHTER, THOMAS	
STREET ADDRESS	2323 LITTLE RD		STREET ADDRESS	7543 WILKINS PERWOOD CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECKLER, CINDY		NAME		
STREET ADDRESS	2323 LITTLE RD		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYER, DEBBIE		NAME	SALCHERT, PATRICIA	
STREET ADDRESS	1106 MASAVISTA DR		STREET ADDRESS	1356 DINSMORE COURT	
CITY-ST-ZIP	NEW PORT RICHEY 34655,		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, TEANNE		NAME		
STREET ADDRESS	2323 LITTLE RD		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Patricia Salchert</u>			9/8/07 727-376-5721		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		