

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012666

FILED
Jul 09, 2008
Secretary of State

Entity Name: EAST RIDGE CHORAL BOOSTERS, INC.

Current Principal Place of Business:

13322 EXCALIBUR ROAD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

2809 MAYFLOWER LOOP
CLERMONT, FL 34714

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

KEMP, GRETCHEN
603 AVENIDA TERCERA #107
CLERMONT, FL 34714 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: MR () Delete
Name: COX, MICHAEL D
Address: 2809 MAYFLOWER LOOP
City-St-Zip: CLERMONT, FL 34714

Title: MR () Delete
Name: PETERSON, TONY
Address: 16181 HILLSIDE CIRCLE
City-St-Zip: MONTE VERDE, FL 34756

Title: MRS () Delete
Name: DIPIETRO, JUDI
Address: 11225 OAKSHORE LANE
City-St-Zip: CLERMONT, FL 34711

Title: MRS () Delete
Name: WHITTAKER, DEBORAH
Address: 14416 PEPPERMILL TRAIL
City-St-Zip: CLERMONT, FL 34711

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: () 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: M. DAVID COX

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date