

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000366

FILED  
Jul 24, 2008  
Secretary of State

Entity Name: GATEWAY HIGH SCHOOL BAND BOOSTERS, INC.

## Current Principal Place of Business:

93 PANTHER PAWS TR  
KISSIMMEE, FL 34744

## New Principal Place of Business:

93 PANTHER PAWSTRAIL  
KISSIMMEE, FL 34744

## Current Mailing Address:

93 PANTHER PAWS TR  
KISSIMMEE, FL 34744

## New Mailing Address:

PO BOX 423325  
KISSIMMEE, FL 34742 33

FEI Number: 20-8192008      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:

HAMLIN, PETER  
93 PANTHER PAWS TR  
KISSIMMEE, FL 34744    US

## Name and Address of New Registered Agent:

HAMLIN, PETER  
93 PANTHERS PAWS TRAIL  
KISSIMMEE, FL 34744    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: PETER HAMLIN

07/24/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR ( ) Change (X) Addition  
Name: MADEWELL, BOB  
Address: 910 ALSACE DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

Title: MRS ( ) Change (X) Addition  
Name: GOMEZ, ROXANNE  
Address: 330 SHERBOURNE LANE  
City-St-Zip: KISSIMMEE, FL 34758

Title: MRS ( ) Change (X) Addition  
Name: MADEWELL, SUE  
Address: 910 ALSACE DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

Title: MRS ( ) Change (X) Addition  
Name: VELEZ, GRACE  
Address: 2443 AUGUSTA WAY  
City-St-Zip: KISSIMMEE, FL 34746

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: BOB MADEWELL

PRES

07/24/2008

Electronic Signature of Signing Officer or Director

Date