2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# N07000000366

Entity Name: GATEWAY HIGH SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business:

93 PANTHER PAWSTRAIL
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

PO BOX 423325
KISSIMMEE, FL 34742 33

New Mailing Address:

93 PANTHER PAWSTRAIL
KISSIMMEE, FL 34744

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 PANTHERS PAWS TRAIL
KISSIMMEE, FL 34744 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: MADEWELL, BOB
Address: 910 ALSACE DRIVE
City-St-Zip: KISSIMMEE, FL 34759

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HERNANDEZ, JOSE
Address: 2901 MAPLE LEAF DR
City-St-Zip: KISSIMMEE, FL 34744

Title: T (X) Change ( ) Addition
Name: ATEHORTUA, SUE
Address: 2697 RED BAY CT
City-St-Zip: KISSIMMEE, FL 34744

Title: S (X) Change ( ) 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: ROXANNE M GOMEZ PRES 09/08/2009

Electronic Signature of Signing Officer or Director — Date