2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2008 8:00 am DOCUMENT # N07000006016 **Secretary of State** 1. Entity Name 02-26-2008 90007 039 ****61.25 SUNLAKE HIGH SCHOOL BAND BOOSTERS, INC. Principal Place of Business Mailing Address 3023 SUNLAKE BLVD LAND O'LAKES FL 34638 3023 SUNLAKE BLVD LAND O'LAKES FL 34638 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 26-034530 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, RAYMOND L Street Address (P.O. Box Number is Not Acceptable) 3225 CANAL PLACE LAND O'LAKES FL 34639-4560 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 Florica. Larn familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent unit are if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change Addition CLAYPOOL, MARY C NAME NAME 23045 EAGLES WATCH DRIVE STREET ADDRESS STREET ADDRESS LAND O'LAKES FL 34639-4783 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition COBERLY, DONNA NAME NAME 1351 WILDWOOD LANE STREET ADDRESS STREET ADDRESS LUTZ FL 33558-5276 OTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition OSTROWSKI, TOM M NAME NAME 1612 GARDNER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33559-3307 CITY-ST-ZIP TITLE Change Delete TITLE neitibbA [7] NÚZZQ, JOHN S NAME NAME 1625-TAILOR RD STREET ADDRESS STREET ADDRESS L/ÚTZ FL 33559-3326 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE THEE Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: Letter Vernon PAllen Jr. Trepsyler 2-14-08 813-346-1000

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.