2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006016

FILED Jan 07, 2009 Secretary of State

Entity Name: SUNLAKE HIGH SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business: 3023 SUNLAKE BLVD LAND O'LAKES, FL 34638 **Current Mailing Address: New Mailing Address:** 3023 SUNLAKE BLVD LAND O'LAKES, FL 34638 FEI Number: 26-0345309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, RAYMOND L 3225 CANAL PLACE LAND O'LAKES, FL 346394560 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CLAYPOOL, MARY C Name: Name: Address: 23045 EAGLES WATCH DRIVE Address: City-St-Zip: LAND O'LAKES, FL 346394783 City-St-Zip: Title: () Delete Title: (X) Change () Addition COBERLY, DONNA Name: Name: MACIAS, DEBBIE Address: 1351 WILDWOOD LANE Address: 16004 IVY LAKE DR. City-St-Zip: LUTZ, FL 335585276 City-St-Zip: ODESSA, FL 33556 Title: () Delete Title: (X) Change () Addition OSTROWSKI, TOM M LEMON, LYNN Name: Name: 1612 GARDNER DRIVE 1605 COPPERSMITH CT. Address: Address: City-St-Zip: LUTZ. FL 335593307 City-St-Zip: LUTZ. FL 33559 Title: () Delete Title: () Change () Addition ALLEN, VERNÓN P JR. Name: Name: 3840 PENINSULAR DRIVE Address: Address: City-St-Zip: LAND O LAKES, FL 34639 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: VERNON P. ALLEN JR. Т 01/07/2009