## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011747

FILED Apr 16, 2009 Secretary of State

Entity Name: BAND OF PIRATES AND GUARD BOOSTER CLUB INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3535 OLD KINGS ROAD PALM COAST, FL 32137

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 353944 PALM COAST, FL 32135

FEI Number: 11-3826944 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:

FIORE, GWENDOLYN J 83 FULTON PLACE PALM COAST, FL 32137

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:

Title:

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PRES PRES** () Delete (X) Change ( ) Addition FIORE, GWENDOLYN J CLASEN, TINA Name: Name: 83 FULTON PLACE Address: 75 LARAMIE DR. Address:

City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: PALM COAST, FL 32137 US

Title: () Delete Title: CO-P (X) Change ( ) Addition PARKER, DEBORA A Name: SHORT, JONI Name:

Address: 21 LAMONT LANE Address: 23 BURNING BUSH PL City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: PALM COAST, FL 32137 US

Title: TREA () Delete Title: (X) Change ( ) Addition ADKINS, DENISE CRUM, KIM Name: Name:

Address: 25 FELSHIRE LANE Address: 10 BURNING TREE PL. City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: PALM COAST, FL 32137 US

Title: SECT ( ) Delete Title: TREA (X) Change ( ) Addition Name: MAMO, MICHELLE V Name: OLIVO, JOSEPHINE R

Address: 23 FLEMINGWOOD LANE Address: 1 FLEET PL. PALM COAST, FL 32137 US City-St-Zip: PALM COAST, FL 32137 US City-St-Zip:

Title: () Delete Title: CO-T ( ) Change (X) Addition

ADKINS, DENISE Name: Name: 25 FELSHIRE LN Address: Address: City-St-Zip: City-St-Zip: PALM COAST, FL 32137 US

() Delete ( ) Change (X) Addition HICKEY, JAMIE L Name: Name: Address: Address: 31 FLANDERS LN.

PALM COAST, FL 32137 US City-St-Zip: 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.

Title:

SIGNATURE: GWENDOLYN J. FIORE RΑ 04/16/2009