

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002671

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** MARCHING RAIDER BAND BOOSTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

HIGH SCHOOL BOULEVARD  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

8600 HIGH SCHOOL BOULEVARD  
NAVARRE, FL 32566 US

**Current Mailing Address:**

PO BOX 6442  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAUDILL, DEBBIE J  
2039 RIVIERA LANE SOUTH  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

WALKER, CONNIE D  
2039 JESSICA WAY  
NAVARRE, FL 32566 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: CONNIE D. WALKER

02/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CAUDILL, DEBBIE J  
Address: 2039 RIVIERA LANE SOUTH  
City-St-Zip: NAVARRE, FL 32566 US

Title: VP ( ) Delete  
Name: HOUSEHOLDER, MICHAEL J  
Address: 2562 2ND COURT  
City-St-Zip: NAVARRE, FL 32566 US

Title: TREA (X) Delete  
Name: ROWAN, DENEEN S  
Address: 2079 ALFRED BOULEVARD  
City-St-Zip: NAVARRE, FL 32566 US

Title: SEC (X) Delete  
Name: HEBERT, NANITA A  
Address: 7079 SNUG WATERS ROAD  
City-St-Zip: NAVARRE, FL 32566 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HEBERT, NANITA A  
Address: 7079 SNUG WATERS ROAD  
City-St-Zip: NAVARRE, FL 32566 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DEBBIE J. CAUDILL

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date