

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005910

FILED
Oct 09, 2009
Secretary of State

Entity Name: CREEKSIDE HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

100 KNIGHTS LANE
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

100 KNIGHTS LANE
ST. JOHNS, FL 32259

New Mailing Address:

FEI Number: 26-2311242 **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:

Name and Address of New Registered Agent:

ISABELLE, KATHE
100 KNIGHTS LANE
ST. JOHNS, FL 32259 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: KATHE ISABELLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISABELLE, KATHE
Address: 4408 N. PENNYCRESS PLACE
City-St-Zip: ST. JOHNS, FL 32259

Title: VP () Delete
Name: SMITH, JESSIKA
Address: 1169 LAKE PARKE DRIVE
City-St-Zip: ST. JOHNS, FL 32259

Title: T () Delete
Name: POLIDAN, BARB
Address: 616 SASSAFRAS TRACE
City-St-Zip: ST. JOHNS, FL 32259

Title: S () Delete
Name: STEPHENSON, KATHY
Address: 704 SHARON COURT
City-St-Zip: ST. JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KATHE ISABELLE

MRS

10/09/2009

Electronic Signature of Signing Officer or Director

Date