

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005910

FILED  
Jan 05, 2011  
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:**

P.O. BOX 600783  
JACKSONVILLE, FL 32260

**FEI Number:** 26-2311242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WILLIAMS, TOM  
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: TOM WILLIAMS

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BATSON, LUCIAN  
Address: 1316 E. CHINABERRY COURT  
City-St-Zip: ST. JOHNS, FL 32259

Title: VP  
Name: SMALL, BETH  
Address: 313 TALWOOD TRACE  
City-St-Zip: ST. JOHNS, FL 32259

Title: T  
Name: WILLIAMS, TOM  
Address: 1204 SPRING BRANCH ROAD  
City-St-Zip: ST. JOHNS, FL 32259

Title: S  
Name: WILDER, SHEILA  
Address: 1809 LOCHAMY LANE  
City-St-Zip: ST. JOHNS, FL 32259

Title: VP  
Name: GALLAGHER, LARRY  
Address: 1232 CREEK BEND ROAD  
City-St-Zip: ST. JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: TOM WILLIAMS

T

01/05/2011

Electronic Signature of Signing Officer or Director

Date