2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# N08000005910

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:

P.O. BOX 600783
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 26-2311242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TOM
100 KNIGHTS LANE
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

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:

Title: P
Name: GALLAGHER, LARRY
Address: 1232 CREEK BEND ROAD
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: DUPREE, JENNY
Address: 1830 LOCHAMY LANE
City-St-Zip: ST. JOHNS, FL 32259

Title: VP
Name: SINARDI, KATHY
Address: 252 CLOVER CT
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 01/20/2012

Electronic Signature of Signing Officer or Director Date