2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000006787

Entity Name: DOUGLAS ANDERSON BAND BOOSTERS INC.

Current Principal Place of Business:

2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2445 SAN DIEGO ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 26-3082890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLUMENFELD, LESLIE A
445 STATE RD 13 N STE 26
PMB184
JACKSONVILLE, 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	( ) Delete
Name:	BLUMENFELD, LESLIE A	
Address:	PMB184, 445 STATE RD 13 N STE 26	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	VP	( ) Delete
Name:	CLINE, JEFF	
Address:	4367 APPLE TREE PLACE	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	S	( ) Delete
Name:	CORNELIUS, BARBARA A	
Address:	2787 FORBES ST.	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	T	( ) Delete
Name:	KING, JOYCE	
Address:	4485 WOODSONG LOOP WEST	
City-St-Zip:	JACKSONVILLE, FL 32225	

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: LESLIE A. BLUMENFELD PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date