

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 10, 2009
Secretary of State

DOCUMENT# N08000007861

Entity Name: ALVA BAND BOOSTERS, INC.**Current Principal Place of Business:**21219 NORTH RIVER ROAD
ALVA, FL 33920 US**New Principal Place of Business:****Current Mailing Address:**21219 NORTH RIVER ROAD
ALVA, FL 33920 US**New Mailing Address:****FEI Number:** 26-3211095**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALVA MIDDLE SCHOOL BAND
21219 NORTH RIVER ROAD
ALVA, FL 33920 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: COHEN, MICHELE A
Address: 8513 DARTMOUTH STREET
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: CONNER, ROSE
Address: 18061 INTERLOCHEN LANE
City-St-Zip: ALVA, FL 33920

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARVEY, SHELLY S
Address: 21219 NORTH RIVER ROAD
City-St-Zip: ALVA, FL 33920

Title: VPD (X) Change () Addition
Name: FARNUM, COLLEEN M
Address: 21219 NORTH RIVER ROAD
City-St-Zip: ALVA, FL 33920

Title: TD () Change (X) Addition
Name: CAUDILL, TERESA M
Address: 21219 NORTH RIVER ROAD
City-St-Zip: ALVA, FL 33920

Title: SD () Change (X) Addition
Name: TUSCAN, BECKY J
Address: 21219 NORTH RIVER ROAD
City-St-Zip: ALVA, FL 33920

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: JEFFREY M. TUSCAN

CPA

03/10/2009

Electronic Signature of Signing Officer or Director

Date