2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000008683

Entity Name: WILDCAT BAND BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:

BAND DIRECTOR'S OFFICE, WESTERN HIGH SCHL
1200 SW 136TH AVE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

BAND DIRECTOR'S OFFICE, WESTERN HIGH SCHL
1200 SW 136TH AVE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 26-3398042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRACEY, JOHNNIE
11150 CAMERON COURT
APT 202
DAVIE, FL 33324 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: PD ( ) Delete
Name: STEVENS, TOM
Address: 1200 SW 136TH AVE
City-St-Zip: DAVIE, FL 33325

Title: VPD ( ) Delete
Name: JACOBS, DELBY
Address: 1200 SW 136TH AVE
City-St-Zip: DAVIE, FL 33325

Title: SDD ( ) Delete
Name: MILAM, JAY
Address: 1200 SW 136TH AVE
City-St-Zip: DAVIE, FL 33325

Title: TD ( ) Delete
Name: VEGA, MANUEL
Address: 1200 SW 136TH AVE
City-St-Zip: DAVIE, FL 33325

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: MANUEL VEGA TD 04/21/2009

Electronic Signature of Signing Officer or Director — Date