

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009423

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** LIBERTY PINES ACADEMY BAND BOOSTER ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LIBERTY PINES ACADEMY  
10901 RUSSELL SAMPSON ROAD  
ST. JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LIBERTY PINES ACADEMY  
10901 RUSSELL SAMPSON ROAD  
ST. JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 26-3574309      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DELANEY, KIMBERLY  
341 ST. JOHNS GOLF DRIVE  
ST. AUGUSTINE, FL 32092      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: DP      ( ) Delete  
Name: FIERBAUGH, DONNA  
Address: 445 ST. JOHNS GOLF DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: DV      ( ) Delete  
Name: EDENS, SHERRI  
Address: 1068 MEADOW VIEW LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DV      ( ) Delete  
Name: GEORGE, MONICA  
Address: 1717 HIGHLAND VIEW DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DT      ( ) Delete  
Name: CIGRAND, CINDY  
Address: 890 EAGLE POINT DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DS      ( ) Delete  
Name: DELANEY, KIMBERLY  
Address: 341 ST JOHNS GOLF DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

**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:

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: CINDY CIGRAND

DT

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date