

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009423

**FILED**  
**Feb 02, 2010**  
**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:**

10901 RUSSELL SAMPSON ROAD  
ST. JOHNS, FL 32259

**Current Mailing Address:**

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

**New Mailing Address:**

10901 RUSSELL SAMPSON ROAD  
ST. JOHNS, FL 32259

**FEI Number:** 26-3574309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: D  
Name: BAVINGTON, PAUL  
Address: 5344 TURTLEBACK CROSSING LANE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: P  
Name: DELANEY, KIMBERLY  
Address: 341 SAINT JOHNS GOLF DR.  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: WISNOSKY, BARB  
Address: 1917 GLENFIELD CROSSING CT.  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: S  
Name: COLLIER, ANGELA  
Address: 353 CAROLINA JASMINE LANE  
City-St-Zip: SAINT JOHNS, FL 32259

Title: T  
Name: MARTENS, TRACEY M  
Address: 1713 HIGHLAND VIEW DR.  
City-St-Zip: ST AUGUSTINE, FL 32092

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: TRACEY M MARTENS

T

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date