

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010745

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** SERGEANT SMITH MIDDLE SCHOOL MUSIC BOOSTER ASSOCIATION INC.

**Current Principal Place of Business:**

14303 CITRUS POINTE DRIVE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

14303 CITRUS POINTE DRIVE  
TAMPA, FL 33625

**New Mailing Address:**

**FEI Number:** 27-1254937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAINES, CAROLYN A  
15008 LAKESIDE COVE COURT  
ODESSA, FL 33556 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:** PRES  
**Name:** HAINES, CAROLYN A  
**Address:** 15008 LAKESIDE COVE COURT  
**City-St-Zip:** ODESSA, FL 33556

**Title:** VP/S  
**Name:** CERNOSEK, CHRISTINA  
**Address:** 14914 PALMCREST PLACE  
**City-St-Zip:** TAMPA, FL 33625

**Title:** TRES  
**Name:** SCHMIDT, SUE  
**Address:** 5402 PENTAIL CIRCLE  
**City-St-Zip:** TAMPA, FL 33625

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:** CAROLYN HAINES

PRES

04/07/2010

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

\_\_\_\_\_  
Date