

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12089

FILED
Apr 07, 2008
Secretary of State

Entity Name: GULF BREEZE BAND BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

675 GULF BREEZE PKWY
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

675 GULF BREEZE PARKWAY
PO BOX 867
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 59-2704609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEAD, NEAL
675 GULF BREEZE PKWY
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

MCLEOD, NEAL
675 GULF BREEZE PKWY
GULF BREEZE, FL 32561 US

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: NEAL MCLEOD

04/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HARVEY, ROBERTA
Address: 2963 CORAL STRIP PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: PD () Delete
Name: HILL, JOYCE
Address: 1316 CALCUTTA DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: TD () Delete
Name: GIBBS, GEORGE E JR
Address: 1556 YACHTMANS WAY
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: MCLEOD, NEAL
Address: 1221 CREST COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: ROANE, KELIE
Address: 201 CORDOBA ST
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STANLEY, JAMES
Address: 1343 WHISPER BAY BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ROCHE, DEBORAH
Address: 510 JAMES RIVER RD
City-St-Zip: GULF BREEZE, FL 32561

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: JOYCE HILL

PD

04/07/2008

Electronic Signature of Signing Officer or Director

Date