

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17903

FILED
Apr 23, 2005
Secretary of State

Entity Name: HOWARD BISHOP MIDDLE SCHOOL PARENT BAND BOOSTERS, INC.

Current Principal Place of Business:

1901 N.E. 9TH ST.
GAINESVILLE, FL 326093736

New Principal Place of Business:

Current Mailing Address:

1901 N.E. 9TH ST.
GAINESVILLE, FL 326093736

New Mailing Address:

FEI Number: 59-2745476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, LINDA
3404 NW 27TH ST
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

CULLEN, STUART
3530 NW 43RD STREET
GAINESVILLE, FL 32606 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: STUART CULLEN

04/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUNT, LINDA
Address: 1213 NE 31ST AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: TD () Delete
Name: BYRD, JOHN
Address: 3404 NW 27TH ST.
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: BYRD, LINDA
Address: 3404 NW 27 ST.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRKCONNELL, LESLEE
Address: 2006 NW 55TH AVENUE
City-St-Zip: GAINESVILLE, FL 32653

Title: VD (X) Change () Addition
Name: NOVAK, KAREN
Address: 4908 NW 13TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: TD (X) Change () Addition
Name: CULLEN, STUART
Address: 3213 SW 125TH STREET
City-St-Zip: ARCHER, FL 32618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STUART CULLEN

TD

04/23/2005

Electronic Signature of Signing Officer or Director

Date