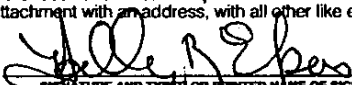


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90067 028 ****61.25

DOCUMENT # N23070 1. Entity Name BEARCAT BAND BOOSTERS, INC.					
Principal Place of Business 344 NE CRYSTAL ST CRYSTAL RIVER, FL 34428 US			Mailing Address PO BOX 2204 CRYSTAL RIVER, FL 34423 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent SCHLUMBERGER, ROBERT 6220 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429-8723				7. Name and Address of New Registered Agent Name Holly R. Elpers Street Address (P.O. Box Number is Not Acceptable) 344 NE Crystal St City Crystal River FL Zip Code 34428	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Holly R. Elpers Treasurer 3/4/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUHLMAN, WENDIE P.O. BOX 2204 CRYSTAL RIVER, FL 34423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENDA CAMPBELLONE - Pres ☐ Change ☒ Addition 4470 W. Esplanade PO Box 2204 Crystal River FL 34423	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELPERS, HOLLY P.O. BOX 2204 CRYSTAL RIVER, FL 34423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, MELISSA P.O. BOX 2204 CRYSTAL RIVER, FL 34423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GINA PO BOX 2204 CRYSTAL RIVER, FL 34423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAWNA PHIPPS - Vice Pres ☐ Change ☒ Addition PO Box 2204 Crystal River, FL 34423	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, MAE FIN PO BOX 2204 CRYSTAL RIVER, FL 34423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRI SIMON - Comm Sec. ☐ Change ☒ Addition PO Box 2204 Crystal River, FL 34423	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, RUSSEL PO BOX 2204 CRYSTAL RIVER, FL 34423		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Holly R. Elpers Treasurer 3/4/08 352 564 8533 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					