

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90737 001 ****61.25

04-18-2005 90737 002 ****8.75

DOCUMENT # N25279 1. Entity Name LAKE GIBSON HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.					
Principal Place of Business 7007 N SOCRUM LOOP RD. LAKELAND, FL 33809-2280			Mailing Address 7007 N SOCRUM LOOP RD. LAKELAND, FL 33809-2280		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2881239 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILCHREST, RALPH A. I 190 CLUBHOUSE RD. 7007 N SOCRUM LOOP ROAD LAKELAND, FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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		 Signature, typed or printed name of registered agent and title if applicable.		PRINCIPAL - LAKE GIBSON H.S. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, BRAD		NAME	BARBARA SMITH	
STREET ADDRESS	5712 LAKE BREEZE AVENUE		STREET ADDRESS	406 E DAUGHTERY ROAD	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, PAT		NAME		
STREET ADDRESS	7848 FOX SQUIRRELL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPTER, LEE		NAME		
STREET ADDRESS	1026 WILDER ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, STEPHAN		NAME	STACY JOHNSON	
STREET ADDRESS	6101 LAKE LUTHER ROAD		STREET ADDRESS	1702 SHERWOOD LAKES BLVD	
CITY-ST-ZIP	LAKELAND, FL 33805		CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOHEEN, CARLA		NAME	STEPHAN MARSHALL	
STREET ADDRESS	2629 WEST SOCRUM LOOP RD		STREET ADDRESS	6101 LAKE LUTHER ROAD	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, ANN		NAME	SHIRLEY GRAY	
STREET ADDRESS	5712 LAKE BREEZE AVENUE		STREET ADDRESS	2336 JUNGLE STREET	
CITY-ST-ZIP	LAKELAND, FL 33805		CITY-ST-ZIP	LAKELAND, FL 33809	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		BARBARA SMITH Date 4-15-05	
				Daytime Phone # 863-838-4501 863-859-6847	