

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90333 033 \*\*\*\*70.00

<b>DOCUMENT # N25279</b> 1. Entity Name LAKE GIBSON HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.					
Principal Place of Business 7007 N SOCRUM LOOP RD. LAKE LAND, FL 33809-2280			Mailing Address 7007 N SOCRUM LOOP RD. LAKE LAND, FL 33809-2280		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2881239	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GILCHREST, RALPH A. I 190 CLUBHOUSE RD. 7007 N SOCRUM LOOP ROAD LAKE LAND, FL 33813				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BARBARA 406 E DAUGHTERY RD LAKE LAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, PAT 7848 FOX SQUIRRELL CIRCLE LAKE LAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEUNDA EMILIANTEV 8020 NORTH SOCRUM LOOP ROAD LAKE LAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEMPTER, LEE 1026 WILDER ROAD LAKE LAND, FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, STACY 1702 SHERWOOD LAKES BLVD LAKE LAND, FL 32809	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDRA VALENZUELA 428 CORONA DEL MAR STREET LAKE LAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, STEPHAN 6101 LAKE LUTHER RD LAKE LAND, FL 33805	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECKY VALDEZ 778 BRYSON LOOP LAKE LAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, SHIRLEY 2336 JUNGLE STREET LAKE LAND, FL 33809	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBARA SMITH 406 EAST DAUGHTERY ROAD LAKE LAND, FL 33809
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.					
<b>SIGNATURE:</b> <i>Barbara D. Smith</i>			4-26-06 863-859-6847		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		