


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90026 032 ****61.25

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

40110813



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03192007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-2881239

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GILCHREST, RALPH A. I
 190 CLUBHOUSE RD.
 7007 N SOCRUM LOOP ROAD
 LAKELAND, 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 _____ DATE _____
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, 2007

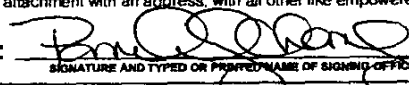
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BARBARA 406 E DAUGHTERY RD LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EMILJANTSEV, MEUNDA 8220 NORTH SOCRUM LOOP RD LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEMPTER, LEE 1026 WILDER ROAD LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALENZUELA, SANDRA 428 CORONA DEL MAR ST LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDEZ, BECKY 778 BRYSON LOOP LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, BARBARA 406 EAST DAUGHTERY RD LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIDAY BOB 936 LAKE DEESON POINTE LAKELAND FLORIDA 33809 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARNETT STEVE 7007 N SOCRUM LOOP LAKELAND FLORIDA 33809 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLIDAY TERRI 936 LAKE DEESON POINTE LAKELAND FLORIDA 33809 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEAN WILLIE 1104 BURRISRIDGE DRIVE LAKELAND FLORIDA 33809 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUGHENHOUR BARBARA 514 WILDER ROAD LAKELAND FLORIDA 33809 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANCEY PAMELA 5771 DAUGHTERY DOWNS LOOP LAKELAND FLORIDA 33809 <input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4.30.07
 Daytime Phone #: 8633989012