

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27109

FILED
Apr 28, 2006
Secretary of State

Entity Name: PINE FOREST BAND BOOSTERS, INC.

Current Principal Place of Business:

2500 LONG LEAF DR.
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

2500 LONG LEAF DR.
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-2899633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROSTAG, PETER
BAND DIRECTOR, PINE FOREST HIGH SCHOOL
2500 LONG LEAF DRIVE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: O'NEAL, THOMAS
Address: 6698 HALLENDALE DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: VPDT () Delete
Name: COSEO, MARILYN
Address: 2010 BROYHILL LANE
City-St-Zip: PENSACOLA, FL 32526

Title: VP (X) Delete
Name: BRIGGS, ROSE
Address: 5625 BLACK OAK PLACE
City-St-Zip: PENSACOLA, FL 32526

Title: SEC () Delete
Name: CROCKER, RAEHELLE
Address: 7249 RAMPART WAY
City-St-Zip: PENSACOLA, FL 32505

Title: TREA () Delete
Name: STUDEBAKER, SUSAN
Address: 4635 PEBBLE CREEK DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: BOD (X) Delete
Name: NETTLES, JOYCELYN
Address: 4495 LANDOS DRIVE
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SANDOVAL, BRIAN
Address: 6216 NASHVILLE AVE
City-St-Zip: PENSACOLA, FL 32526

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: TAYLOR, EUGENIA
Address: 2500 LONGLEAF DR.
City-St-Zip: PENSACOLA, FL 32526

Title: TREA (X) Change () Addition
Name: HOLT, SUSAN
Address: 1110 WEBSTER DR
City-St-Zip: PENSACOLA, FL 32505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS O'NEAL

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date