

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-20-2005 90354 01T ****61.25

N30403

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -1 AM 11:39

DOCUMENT # N30403 1. Entity Name TAVARES BAND BOOSTERS, INC.					
Principal Place of Business % BAND DIRECTOR 603 N NEW HAMPSHIRE AVE TAVARES, FL 32778			Mailing Address % BAND DIRECTOR P.O. BOX 1363 TAVARES, FL 32778 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0101585	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRICKLAND, GLENN 10844 ANNA BELLE AVE LEESBURG, FL 34788			Name Allen J. Venezio Street Address 603 N. NEW HAMPSHIRE City Tavares FL Zip Code 32778		
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: Allen J. Venezio, Band Director 4/15/05 Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25; Due by May 1, 2005		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	VPD FLICK, SANDY 1843 BANNING BCH RD. TAVARES, FL 32778 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Tammy Hoagland 11342 Lockwood Street Leesburg, FL ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, MONICA 10844 ANNA BELLE AVE. LEESBURG, FL 34788 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Monica Strickland 10844 Anna Belle Avenue Leesburg, FL 34788 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDGE, PATRICIA 10634 SUMMIT SQUARE DR. LEESBURG, FL 34788 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Debbie O'Steen 34308 Oak Avenue Leesburg, FL 34788 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUPTON, AMY 1616 N. NEW HAMPSHIRE AVE TAVARES, FL 32778 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Amy Lupton 1616 N. New Hampshire Avenue Tavares, FL 32778 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Financial Secretary Karen Martin 11000 Riverside Road Leesburg, FL ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 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: Amy W. Lupton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/15/05 (352) 343.1400 Daytime Phone #		