

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30403

FILED
May 18, 2007
Secretary of State

Entity Name: TAVARES BAND BOOSTERS, INC.

Current Principal Place of Business:

% BAND DIRECTOR
603 N NEW HAMPSHIRE AVE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

% BAND DIRECTOR
P.O. BOX 1363
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 65-0101585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VENEZIO, ALLEN J
603 NORTH NEW HAMPSHIRE
TAVARES, FL 32778 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: PD () Delete
Name: MINKOFF, SANFORD A
Address: 15800 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: VPD () Delete
Name: ADAMS, REBECCA
Address: 33231 LAKE BEND CIRCLE
City-St-Zip: LEESBURG, FL 34788

Title: SD () Delete
Name: LEE, JAN
Address: 23335 OAK LANE
City-St-Zip: SORRENTO, FL 32776

Title: T () Delete
Name: MINKOFF, BARBARA L
Address: 15800 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: FS () Delete
Name: LUPTON, AMY
Address: 1616 N NEW HAMPSHIRE AVE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA L MINKOFF

T

05/18/2007

Electronic Signature of Signing Officer or Director

Date