

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30403

FILED  
Feb 25, 2010  
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 (X)

**Name and Address of Current Registered Agent:**

LANGFORD, JEREMY  
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  
Name: BEYER, JAMES  
Address: 15925 OLD US HWY 441  
City-St-Zip: TAVARES, FL 32778

Title: VPD  
Name: HARBIN, TAMMY  
Address: 31129 FAIRVISTA DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: SD  
Name: FERGUSON, BILL  
Address: 1332 LONGVILLE CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: T  
Name: ALSTOTT, CHERYL  
Address: 32138 WOLF BRANCH LN  
City-St-Zip: SORRENTO, FL 32776

Title: FS  
Name: FERGUSON, BRENDA  
Address: 1332 LONGVILLE CIRCLE  
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: JAMES V BEYER

PD

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date