

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30697

FILED
Apr 30, 2009
Secretary of State

Entity Name: OVIEDO HIGH SCHOOL BAND BOOSTER ASSOCIATION, INC.

Current Principal Place of Business:

OVIEDO HIGH SCHOOL
601 KING ST
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

OHSBBA
P.O. BOX 621600
OVIEDO, FL 32765 US

New Mailing Address:

OHSBBA
P.O. BOX 621600
OVIEDO, FL 32762 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEMIS, ED
1014 BARTLETT CT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

TRIPP, MICHAEL
675 ROCHESTER STREET
OVIEDO, FL 32765 US

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: MICHAEL TRIPP

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEMIS, ED
Address: 1014 BARTLETT CT
City-St-Zip: OVIEDO, FL 32765

Title: V () Delete
Name: TRIPP, MICHAEL
Address: 675 ROCHESTER ST
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: HUMMELL, PAM
Address: 338 VELVETEEN PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: LINE, DENNIS
Address: 601 KING STREET
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: SASSER, CAMMIE
Address: 573 KELLY GREEN STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TRIPP, MICHAEL
Address: 675 ROCHESTER STREET
City-St-Zip: OVIEDO, FL 32765

Title: V (X) Change () Addition
Name: PUGSLEY, ROY
Address: 306 WINDCLIFFE COURT
City-St-Zip: OVIEDO, FL 32765

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: MICHAEL TRIPP

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date