## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2008 8:00 am Secretary of State

DOCUMENT # N34217  1. Entity Name MANATEE HIGH BAND AND AUXILIARIES BOOSTER ASSOCIATION, INC.					03-14-2008 90045 006 ****70.00				
Principal Place of Business 1000 32ND ST WEST BRADENTON, FL 34205 US  Mailing Address P O BOX 14465 BRADENTON, FL 34209			US						
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0:	3122008 Chg	-NP	CR2E03	7 (12/06)	
City & State		City & State		4.	FEI Number 65-0147815		<b></b> .	No	plied For x Applicable
Zip	Country	Zip	Country		Certificate of Stat		ا ق	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name T		Name and Addre	ss of New F	Registered A	gent	
FLYNN, KA		-	1	Name Day Ann T					
1013 ETREMADURA DRIVE BRADENTON, FL 34209			Street Add	ress (P.O.	Box Number is No	и Ассертавк	e) 		
J17 (DEIVI)	J., 1 2 3 1233		261	11 B	ay Driv	e			
			City Br	-adou	ton		FL	Zip Cod	e 207
	named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered a	gent, or both, in th	e State of Fl	orida. I am f		
SIGNATURE _	ons of registered agent.  Signature, typed or presed name of registered agent a	- Ann T.	Day,		surer			108	
	Streeter, typed or presed terre or regressed agent a	no tale a applicable. (NOTE: )	Registered Agent signature	required when	renstating)		DATE		
	Filing Foo is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5	i.00 May Be		fake check rida Depari		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5 Add	.00 May Be	Flo	fake check rida Depari	TECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Me To Ann T Day
SIGNATURE AND TYPED OR PROPERTIES OF SIGNANG OF FIGURE OR DIRECTOR

3/12/08

941-758-9618

Daytime Phone #