

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37247

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** WOLFSON HIGH SCHOOL BAND BOOSTERS, INC.

**Current Principal Place of Business:**

7000 POWERS AVENUE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

7000 POWERS AVENUE  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-3056693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOUNT, JOHN O  
1356 HOLMESDALE ROAD  
JACKSONVILLE, FL 32207 US

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

TRCALEK, CATHERINE L  
4889 JAYBIRD CIRCLE  
JACKSONVILLE, FL 32257 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: CATHERINE L TRCALEK

01/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLOUNT, JOHN O  
Address: 1356 HOLMESDALE ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete  
Name: FOLTZ, TIM  
Address: 3178 GREENFIELD CIR  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete  
Name: DILLEY, GLENN  
Address: 5544 SHERI LANE  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TRCALEK, CATHERINE L  
Address: 4889 JAYBIRD CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V (X) Change ( ) Addition  
Name: SCHEILFER, PATRICIA  
Address: 5805 ST AUGUSTINE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Change ( ) Addition  
Name: STEPHENS, KIMBERLY M  
Address: 10082 DELANO DR E  
City-St-Zip: JACKSONVILLE, FL 32257

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: KIMBERLY M STEPHENS

T

01/16/2008

Electronic Signature of Signing Officer or Director

Date