## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39425

FILED Apr 05, 2007 Secretary of State

Entity Name: EASTSIDE HIGH SCHOOL PARENT BAND AND ORCHESTRA BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

1201 SE 45TH TERR

GAINESVILLE, FL 32641 US

Current Mailing Address: New Mailing Address:

P.O. BOX 358134 GAINESVILLE, FL 32635

FEI Number: 59-3023229 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCINTYRE-CROOK, SYLVIA 111 NW 23RD DRIVE GAINESVILLE, FL 32607 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: DAVIS, CINDY Name: CLARK, LINDA

Address: 7027 NE 57 STREET Address: 21 NE 48 ST

City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: GAINESVILLE, FL 32609

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OSOBA, TERESA
 Name:

 Address:
 6118 SW 63RD LN
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:

Title: () Delete Title: DVP (X) Change ( ) Addition MCINTYRE-CROOK, SYLVIA MCINTYRE-CROOK, SYLVIA Name: Name: Address: 111 NW 23RD DRIVE Address: 111 NW 23RD DRIVE City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: MAL ( ) Delete Title: MAL (X) Change ( ) Addition Name: CLARK, LINDA Name: THAMES LAMAR, MONICA

 Address:
 21 NE 48 STREET
 Address:
 25306 SW 18 AVE.

 City-St-Zip:
 GAINESVILLE, FL 32609
 City-St-Zip:
 NEWBERRY, FL 32669

Title: MAL ( ) Delete Title: MAL (X) Change ( ) Addition

 Name:
 HARRIS, DAWN
 Name:
 MILLER, ELAINE

 Address:
 205 SE 16 AVENUE
 Address:
 2200 SE 45 TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32601
 City-St-Zip:
 GAINESVILLE, FL 32641

I hereby certify that the information supplied with this filing does not qualify for the 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: SYLVIA MCINTYRE-CROOK DVP 04/05/2007