
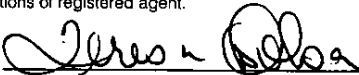
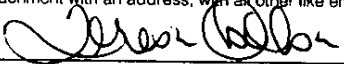


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90032 046 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N39425</b><br>1. Entity Name<br><b>EASTSIDE HIGH SCHOOL PARENT BAND AND ORCHESTRA BOOSTERS, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>1201 SE 45TH TERR<br/>GAINESVILLE, FL 32641 US</b>   |   |  | Mailing Address<br><b>P.O. BOX 358134<br/>GAINESVILLE, FL 32635</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 04012008 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>59-3023229</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>MCINTYRE-CROOK, SYLVIA<br/>111 NW 23RD DRIVE<br/>GAINESVILLE, FL 32607</b>  |   |  | Name <b>Teresa Osoba</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6118 SW 63rd Lane</b><br>City <b>Gainesville</b> <b>FL</b> Zip Code <b>32608</b>    |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |  |   |  |
| SIGNATURE  <span style="float: right;">4/1/08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br><b>CLARK, LINDA</b><br><b>21 NE 48 ST</b><br><b>GAINESVILLE, FL 32609</b> <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Linda Clark</b><br><b>1235 SE 13th Street</b><br><b>Gainesville, FL 32641</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br><b>OSOB, TERESA</b><br><b>6118 SW 63RD LN</b><br><b>GAINESVILLE, FL 32608</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Sherrian Thomas</b><br><b>1441 SE 22nd Ave.</b><br><b>Gainesville, FL 32641</b>    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br><b>MCINTYRE-CROOK, SYLVIA</b><br><b>111 NW 23RD DRIVE</b><br><b>GAINESVILLE, FL 32607</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | MAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Ursula Crews</b><br><b>1481 SE 36th St.</b><br><b>Gainesville, FL 32641</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MAL<br><b>THAMES LAMAR, MONICA</b><br><b>25306 SW 18 AVE.</b><br><b>NEWBERRY, FL 32669</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | MAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Trannita Slater</b><br><b>1216 NE 13th Street</b><br><b>Gainesville, FL 32601</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MAL<br><b>MILLER, ELAINE</b><br><b>2200 SE 45 TERRACE</b><br><b>GAINESVILLE, FL 32641</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Elaine Miller</b><br><b>2200 SE 45th Terr.</b><br><b>32641</b>                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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. |   |  |  |   |  |
| <b>SIGNATURE:</b>  <b>(Teresa Osoba)</b> <span style="float: right;">4/1/08 (352) 393-8568</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |   |  |