2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State 04-04-2007 90174 004 ****61.25

DOCU	IMENT	"# N42550
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	e RIN HIGH	SCHOOL BAND B	OOSTERS, INC.							
MANDARIN HIGH SCHOOL 11 4831 GREENLAND ROAD 15		15-102	11250 OLD ST. AUG RD		40049823					
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012007 Chg-NP CR2E037 (12/06)					
City & State		City & State	City & State		4. FEI Number 59-3034294			pplied For of Applicable		
Zip		Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent			7. Name and Addre	ess of New Registere	d Agent		
CLINE, JEFF 4367 APPLE TREE PL JACKSONVILLE, FL 32258			-	Name JAMES PURCELL Street Address (P.O. Box Number is Not Acceptable)						
				14502			STARBUCK Springs Way			
						muille	F		258	
	named entit		r the purpose of changing its	registerea office o	or registere	ed agent, or both, in the	ne State of Florida. Ta	ım familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agents	and title if applicable. (NOTE	i: Registered Agent signa	iture required	when reinstating)	DAT	E	 -	
		e is \$61.25 lay 1, 2007	9. Election Can Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees		eck payable to partment of St		
10.										
		OFFICERS AND DIF	RECTORS	11.	A	L ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	l 10	
TITLE	Р	Ye.	RECTORS Delete	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	I 10 Addition	
TITLE NAME	CLINE, JE	EFF		TITLE NAME	PRE	ESIDENT		E Change		
TITLE NAME STREET ADDRESS	CLINE, JE 4367 APF	EFF LE TREE PL		TITLE NAME STREET ADDRESS	7 RE JAT 145	ESIDENT MES PURCEI NO STARBU	ick sperm	ES Way		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CLINE, JE 4367 APF JACKSON D	EFF PLE TREE PL IVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRE JAT JA UCE	ESIDENT MES PURCEI DOD STARBU CKSMUILLE PRESIDENT	ich sperm	Change Cs Way 256 Pr Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CLINE, JE 4367 APF JACKSON D HUGHES 12380 FL	EFF PLE TREE PL IVILLE, FL 32258	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRI JA 145 JA UICE DOU 103	ESIDENT THES PURCEI TOO STARBU CULSON UILLE PRESIDENT GLAS STOVI 38 BELMON	CIL Speins, 31 32	Change Cs Way 256 Pr Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CLINE, JE 4367 APF JACKSON D HUGHES 12380 FL JACKSON T -	EFF PLE TREE PL IVILLE, FL 32258 TOM YNN ROAD	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRI JA 145 JA UICE DOU 103	ESIDENT MES PURCEI DOD STARBU CKSMUILLE PRESIDENT	CIL Speins, 31 32	Change Cs Way 256 Pr Change	☐ Addition	
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

Date

Date