


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N50547 1. Entity Name ESCAMBIA HIGH SCHOOL BAND BOOSTERS, INC.	
---	---

Principal Place of Business ESCAMBIA HIGH SCHOOL 1310 65TH AVE. PENSACOLA, FL 32506	Mailing Address ESCAMBIA HIGH SCHOOL 1310 65TH AVE. PENSACOLA, FL 32506
--	--

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HOLSWORTH, DOUGLAS 1310 65TH AVE. PENSACOLA, FL 32506
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000045958 02/11/04-80083-015 61 25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, CATHY 10574 FAIR PINE DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, PEGGY 311 NW SYRCLE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENRICK, JOHN 1051 OAKVIEW DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YORK, CHRIS 5136 STEVENDALE DR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RINKE, WILLIAM 6004 FIREFLY DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RINKE, KENDRA 6004 FIREFLY DR PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kendra L. Rinke Kendra L. Rinke 2/7/04 850-492-5534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #