


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N50547</b> 1. Entity Name <b>ESCAMBIA HIGH SCHOOL BAND BOOSTERS, INC.</b>						<b>FILED</b> <b>05 OCT 28 PM 8:50</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>ESCAMBIA HIGH SCHOOL</b> <b>1310 65TH AVE.</b> <b>PENSACOLA, FL 32506</b>				Mailing Address <b>ESCAMBIA HIGH SCHOOL</b> <b>1310 65TH AVE.</b> <b>PENSACOLA, FL 32506</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>HOLSWORTH, DOUGLAS</b> <b>1310 65TH AVE.</b> <b>PENSACOLA, FL 32506</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
SIGNATURE <u>Douglas Holsworth</u>				DATE <u>10/24/05</u>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, CATHY 10574 FAIR PINE DR PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Debra Shugart 515 N 70th Ave Pensacola, FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, PEGGY 311 NW SYRCL DR PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Mari Harvey 12166 Gulf Beach Hwy Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENRICK, JOHN 1051 OAKVIEW DRIVE PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Nina Crowe 10745 Jolyne Dr Pensacola, FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YORK, CHRIS 5136 STEVENDALE DR PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS Cail Hogue 1538 Sandeliff Dr Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RINKE, WILLIAM 6004 FIREFLY DR PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	600060994976 10/28/05--01042--002 **\$1.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RINKE, KENDRA 6004 FIREFLY DR PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Debra D. Shugart</u> Debra D. Shugart 10/24/05 850-456-4780							