

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003701

1. Entity Name
GEORGE JENKINS HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business
**6000 LAKELAND HIGHLAND ROAD
LAKELAND, FL 33813 US**

Mailing Address
**6000 LAKELAND HIGHLAND ROAD
LAKELAND, FL 33813 US**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3235070

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, KEVIN
2414 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33803**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITT, PENNY
STREET ADDRESS	3821 VILLAGE CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	VPD
NAME	GABEL, KRISTY
STREET ADDRESS	1639 ROSE DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VPD
NAME	STASIAK, ANITA & MIKE
STREET ADDRESS	1048 COLONY PARK DRIVE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	RSD
NAME	GOODLET, SHERI
STREET ADDRESS	1227 FAIRLEE STREET
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	CSD
NAME	CORONADO, SALLY
STREET ADDRESS	P.O. BOX 278
CITY-ST-ZIP	EATON, FL 33840
TITLE	TD
NAME	BRYAN, TAMMY
STREET ADDRESS	5560 EMERALD RIDGE BLVD
CITY-ST-ZIP	LAKELAND, FL 33813

U000000175937
01/10/05-80074-004 \$1.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tammy Bryan **TAMMY BRYAN** 1-8-05 6462420