2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# N93000004902

Entity Name: SEBRING BAND BOOSTER'S ASSOCIATION, INC.

Current Principal Place of Business:

SEBRING HIGH SCHOOL
3514 KENILWORTH BLVD
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3513
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 65-0461519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCOLLUM, JAMES F
129 S. COMMERCE AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: VEZINA, NORMA
Address: 1513 CHARLOTTE DRIVE
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete
Name: BREED, BROOK
Address: 310 NEWMAN ROAD
City-St-Zip: SEBRING, FL 33876

Title: S ( ) Delete
Name: MCLEOD, CYNTHIA G
Address: 3016 VALERIE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: P ( ) Delete
Name: YEAGER, KARL
Address: 3807 KEARLY AVE.
City-St-Zip: SEBRING, FL 33875

Title: V ( ) Delete
Name: TAGESSON, LINDA
Address: 6016 OAK MANOR AVE.
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: TAGESSON, LINDA
Address: 6016 OAK MANOR AVENUE
City-St-Zip: SEBRING, FL 33876

Title: V (X) Change ( ) Addition
Name: WAITE, SHERROL
Address: 4018 MYRA STREET
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA VEZINA T 08/25/2008

Electronic Signature of Signing Officer or Director — Date