

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004902

FILED  
Apr 07, 2010  
Secretary of State

**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 ( )**

**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  
**Name:** HARSHMAN, TINA MRS.  
**Address:** 6741 SPARTA RD.  
**City-St-Zip:** SEBRING, FL 33875

**Title:** D  
**Name:** RUSHLO, DEBRA  
**Address:** 3617 PARADISE DR.  
**City-St-Zip:** SEBRING, FL 33876

**Title:** S  
**Name:** COCHRAN, DONNA  
**Address:** 121 BRITTANY LANE  
**City-St-Zip:** SEBRING, FL 33875

**Title:** P  
**Name:** THOMPSON, ANGELA  
**Address:** 505 TASESEHEE DR.  
**City-St-Zip:** SEBRING, FL 33870

**Title:** V  
**Name:** TUCKER, LINDA  
**Address:** 203 N RIDGEWOOD  
**City-St-Zip:** SEBRING, FL 33870

I hereby 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 all other like empowered.

**SIGNATURE:** TINA HARSHMAN

T

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date