

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 22, 2006
Secretary of State

DOCUMENT# N95000000908

Entity Name: PORT ST. LUCIE HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.**Current Principal Place of Business:**1201 SE JAGUAR LANE
PORT ST. LUCIE, FL 34952**New Principal Place of Business:****Current Mailing Address:**2002 SE DOVERBROOK ST
PORT ST. LUCIE, FL 34983**New Mailing Address:****FEI Number:** 65-0631528**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 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:** P () Delete
Name: KARSON, ALLEN
Address: 5206 SEAGRAPE DR.
City-St-Zip: FORT PIERCE, FL 34982**Title:** VP () Delete
Name: CUMMINS, LISA
Address: 2102 SE ELMHURST RD
City-St-Zip: PORT SAINT LUCIE, FL 34952**Title:** T () Delete
Name: LE BON, CATHY
Address: 2002 SE DOVERBROOK ST.
City-St-Zip: PORT ST. LUCIE, FL 34983**Title:** S () Delete
Name: CAMPBELL, RHONDA
Address: 2481 SE CALUSA AVE
City-St-Zip: PORT ST. LUCIE, FL 34952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: FLUSS, IRA
Address: 3017 SE DARIEN RD
City-St-Zip: PORT SAINT LUCIE, FL 34952**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHY LEBON

T

11/22/2006

Electronic Signature of Signing Officer or Director

Date