2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 10, 2007
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:

P.O. BOX 8297
PORT ST. LUCIE, FL 34985

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: FLUSS, IRA
Address: 3017 SE DARIEN RD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete
Name: SHEA, STEPHEN
Address: 802 SE STEAMLET AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T ( ) Delete
Name: LE BON, CATHY
Address: 2002 SE DOVERBROOK ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S ( ) Delete
Name: BEAULIEU, DIANNE
Address: 2085 SE WATERCREST ST
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEBON, CATHY
Address: 2002 SE DOVERBROOK STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

Title: T (X) Change ( ) Addition
Name: JERVIS, DEBBIE A
Address: 1281 SE SANDIA DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S (X) Change ( ) Addition
Name: BISCHONE, JANNINE
Address: 511 SE BERRY AVE
City-St-Zip: PORT ST. LUCIE, FL 34984

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: CATHY LEBON P 08/10/2007

Electronic Signature of Signing Officer or Director — Date