## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002855

FILED Apr 30, 2005 Secretary of State

Entity Name: BOOKER HIGH SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

3201 NORTH ORANGE AVE. SARASOTA, FL 34234

Current Mailing Address: New Mailing Address:

3201 NORTH ORANGE AVE. SARASOTA, FL 34234

**OFFICERS AND DIRECTORS:** 

FEI Number: 59-3342879 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWHOUSE, JUDY
5974 DEER HOLLOW TRAIL
SARASOTA, FL 34232 US

BAKISH, RAY
3201 NORTH ORANGE AVE
SARASOTA, FL 34234 US

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: JUNIE BENSON 04/30/2005

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: SD () Delete Title: TD (X) Change () Addition

 Name:
 BENSON, JUNIE
 Name:
 BENSON, JUNIE

 Address:
 3421 SERENA ST
 Address:
 3421 SERENA ST

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 SARASOTA, FL 34237

Title: VD ( ) Delete Title: SD (X) Change ( ) Addition Name: DERAMO, NANCI Name: YOUNG, CINDY A

Address: 1920 BRAIR CREEK PLACE Address: 3201 NORHT ORANGE AVE City-St-Zip: SARASOTA, FL 34235 City-St-Zip: SARASOTA, FL 34234

Title: PD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 NEWHOUSE, JUDY
 Name:

 Address:
 5794 DEER HOLLOW TRAIL
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUNIE BENSON TD 04/30/2005