## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002855

FILED Mar 05, 2009 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

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:

BEAVER, BEVERLY SNOW, BECKY 3201 N. ÓRANGE AVE 3201 N. ORANGE AVE SARASOTA, FL 34232 US SARASOTA, FL 34232 US

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: BECKY SNOW 03/05/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

WAUGH, RISA FERGUSON, TAMMY Name: Name:

3201 NORTH ORANGE AVENUE Address: 3201 NORTH ORANGE AVENUE Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234

(X) Change ( ) Addition Title: SD () Delete Title: SD Name: GRADONE, CHERYL Name: LAYMAN, LINDA

Address: 3201 NORTH ORANGE AVE Address: 3201 NORTH ORANGE AVE City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234

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

BEAVER, BEVERLY Name: SNOW, BECKY Name:

3201 NORTH ORANGE AVE 3201 NORTH ORANGE AVE Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234

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: BECKY SNOW TD 03/05/2009