


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

01-21-2005 90058 042 ****70.00

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| DOCUMENT # N95000003494 | |  | |
| 1. Entity Name SEBASTIAN RIVER HIGH SCHOOL BAND BOOSTERS, INC. | | | |
| Principal Place of Business 9001 SHARK BLVD. SEBASTIAN, FL 32958 | | Mailing Address 9001 SHARK BLVD. SEBASTIAN, FL 32958 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 31-1466575 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GALE, CINDY 104 ODGEN AVENUE SEBASTIAN, FL 32958 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE: <i>Cindy Gale</i> Cindy Gale | | DATE: 1-18-05 | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DONAHEY, ROBIN 322 QUARRY LANE SEBASTIAN, FL 32958 SAME | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GALE, CINDY 104 ODGEN AVENUE SEBASTIAN, FL 32958 SAME | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANTONELLIS, MARILYN 1682 LAUNIA ST. SEBASTIAN, FL 32958 Change to → | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Nancy Hines 12524 Roseland Rd Sebastian, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHINN, KAY 11975 10TH STREET VERO BEACH, FL 32966 Change to → | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Linda Robertson 1013 Old Dablan Dr Vero Beach, FL 32963 vice pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Cindy Gale</i> Cindy Gale | | DATE: 1-18-05 772-944-4357 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

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