


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003903	
1. Entity Name ROYALE REGIMENT BAND BOOSTERS, INC.	

Principal Place of Business 200 EAST KELLY ST. BROOKSVILLE, FL 34601	Mailing Address P.O. BOX 10554 BROOKSVILLE, FL 34603-0554
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3324036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAMATO, THOMAS
700 BELL AVE.
BROOKSVILLE, FL 34601

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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 Thomas Damato (NOTE: Registered Agent signature required when re-registering) DATE _____

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	U000000340867 04/28/05-80130-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAY, CHRIS 1369 CANDLELIGHT BLVD. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HANDZUS, LAURIE 927 VILLAGE DRIVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARDA, THERESA 24073 EPPLEY DRIVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORRILL, LYNN 506 COLONIAL DR BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Lynn Morrill Treasurer **4/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #