

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 11 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3324036

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIN, JOSEPH  
700 BELL AVE.  
BROOKSVILLE, FL 34601

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME STEINMAN, GREG  
STREET ADDRESS 22429 CROOM RD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Change ☐ Addition  
NAME 400104424534  
STREET ADDRESS 06/15/07--01021--022 \*\*61.25  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME SMITH, DONNA K  
STREET ADDRESS 3459 GRIFFIN RD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE SD ☒ Change ☐ Addition  
NAME GAYLE LOOPER  
STREET ADDRESS 26412 BAXTER STREET  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE TD ☒ Delete  
NAME GORDON, RENEE  
STREET ADDRESS 21414 BEASLEY RD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE TD ☒ Change ☐ Addition  
NAME PEGGY BEYER  
STREET ADDRESS 6025 HONEYSUCKLE LANE  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME TERESA BEGLEY  
STREET ADDRESS 20070 MANECKE ROAD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME TAMMY STEINMAN  
STREET ADDRESS 22429 CROOM ROAD  
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG STEINMAN

6/1/07

Date

352-799-2007

Daytime Phone #