

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # 1. Entity Name GIBBS HIGH SCHOOL BAND BOOSTERS, INC.		 SECRETARY OF STATE 02042004 TALLAHASSEE, FLORIDA	
Principal Place of Business 850 34TH STREET, SOUTH ST. PETERSBURG, FL 33711		Mailing Address 4349 70TH AVE N PINELLAS PARK, FL 33781	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4421 71st Avenue No. Suite, Apt. #, etc.	
City & State Pinellas Park, FL		4. FEI Number 59-1463900	
Zip 33781		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOURT, CYNTHIA 4349 70TH AVE N PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name Barbara Ann Wells Street Address (P.O. Box Number is Not Acceptable) 4421 71st Avenue No. City Pinellas Park FL Zip Code 33781	
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 <u>Barbara Ann Wells</u> <i>Barbara Ann Wells</i> <u>4/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOFT, LORI 5320 40TH AVE N SAINT PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peyer-Friedrich, Dawn 4571 67th Avenue No.. Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANLEY, SHARON 430 46TH ST N SAINT PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Taft, Lori 5320 40th Avenue No. St. Petersburg, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUJOL, SONIA 4349 70TH AVE N PINELLAS PARK, FL 33781	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wells, Barbara Ann 4421 71st Avenue No. Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSHOURIS, DORIS 4920 43TH AVE N SAINT PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Woodall, Robert 4301 Narvarz Way So. St. Petersburg, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOURT, CYNTHIA 4349 70TH AVE N PINELLAS PARK, FL 33781	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sampley, Carol 4942 29th Avenue No. St. Petersburg, FL 33710
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
800035556978 05/06/04--01019--019 **70.00			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Lori A. Taft</u> <i>Lori A. Taft</i> <u>4/21/04</u> (727) 527-2565 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			