


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004760</b>	
1. Entity Name LAKE REGION HIGH SCHOOL BAND BOOSTERS, INC.	

Principal Place of Business 1995 THUNDER ROAD EAGLE LAKE, FL	Mailing Address POST OFFICE BOX 521 EAGLE LAKE, FL 33839
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02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3330314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KEE, V. PATTON  
108 EAST PARK STREET  
AUBURNDAL, FL 33823

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUTZENHISER, DICK 1215 HELENA RD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARNELL, RICK 304 LANCEOLATE DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORTHINGTON, CHARLOTTE 521 S. 7TH ST EAGLE LAKE, FL 33839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, MIKE 25 TERA LANE SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000219000  
02/08/05-80003-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mike Wilson **1-31-05** **863-557-0233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #