

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 049 ****61.25

DOCUMENT # N95000004760 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																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102008 Chg-NP CR2E037 (12/06)																																																																																																																									
City & State		City & State		4. FEI Number 59-3330314																																																																																																																									
Zip		Country		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																																																																																																																										
KEE, V. PATTON 108 EAST PARK STREET AUBURNDALE, FL 33823			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">VD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NAAB, COLLEENA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8212 LAKE LOWERY ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HAINES CITY, FL 33844</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOORE, PATTI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>90 JAMES SCOTT COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER HAVEN, FL 33884</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PENNYBACKER, RHONDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>504 SUNNY CIR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER HAVEN, FL 33880</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOORE, GARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>90 JAMES SCOTT CRT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER HAVEN, FL 33884</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">VD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jones, Terry</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>511 Cipres Cir.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Winter Haven, FL 33880</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gressner, Julie L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2418 Winterset Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Winter Haven, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Huebner, John</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4372 Stanford Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Winter Haven, FL 33880</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	NAAB, COLLEENA		STREET ADDRESS	8212 LAKE LOWERY ROAD		CITY-ST-ZIP	HAINES CITY, FL 33844		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	MOORE, PATTI		STREET ADDRESS	90 JAMES SCOTT COURT		CITY-ST-ZIP	WINTER HAVEN, FL 33884		TITLE	TD	<input type="checkbox"/> Delete	NAME	PENNYBACKER, RHONDA		STREET ADDRESS	504 SUNNY CIR		CITY-ST-ZIP	WINTER HAVEN, FL 33880		TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	MOORE, GARY		STREET ADDRESS	90 JAMES SCOTT CRT		CITY-ST-ZIP	WINTER HAVEN, FL 33884		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Jones, Terry		STREET ADDRESS	511 Cipres Cir.		CITY-ST-ZIP	Winter Haven, FL 33880		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gressner, Julie L		STREET ADDRESS	2418 Winterset Rd		CITY-ST-ZIP	Winter Haven, FL		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Huebner, John		STREET ADDRESS	4372 Stanford Drive		CITY-ST-ZIP	Winter Haven, FL 33880		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: <u>Rhonda Pennybacker</u> Rhonda Pennybacker 5/1/08 (863)291-3657 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													