

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90016 025 ****61.25

DOCUMENT # N96000001869 1. Entity Name DURANT MUSIC BOOSTERS, INC.					
Principal Place of Business 4748 COUGAR PATH PLANT CITY, FL 33567 US			Mailing Address 4748 COUGAR PATH PLANT CITY, FL 33567 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WITCHOSKEY, MICHAEL DURANT HIGH SCHOOL 4748 COUGAR PATH PLANT CITY, FL 33567				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	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, KAREN G		NAME		
STREET ADDRESS	4748 COUGAR PATH		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	VPD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKINGHAM, BECKY		NAME	VD	
STREET ADDRESS	4748 COUGAR PATH		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKE WITCHOSKEY		NAME		
STREET ADDRESS	4748 COUGAR PATH		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	T		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, JAMES		NAME	TD	
STREET ADDRESS	2524 ARBORWOOD DR.		STREET ADDRESS	4748 Cougar Path	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	Plant City FL 33567	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SB	
STREET ADDRESS			STREET ADDRESS	Nelson, Betty	
CITY-ST-ZIP			CITY-ST-ZIP	4748 Cougar Path	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VD	
STREET ADDRESS			STREET ADDRESS	Wallace, Sharon	
CITY-ST-ZIP			CITY-ST-ZIP	4748 Cougar Path	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	TD	
STREET ADDRESS			STREET ADDRESS	4748 Cougar Path	
CITY-ST-ZIP			CITY-ST-ZIP	Plant City FL 33567	
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>James Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/17/08</u> <small>Date</small>		
			<small>Daytime Phone #</small>		