



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 010 ****61.25

DOCUMENT # N96000004858					
1. Entity Name LAND O LAKES HIGH SCHOOL BAND & GUARD BOOSTERS, INC.					
Principal Place of Business PO BOX 1928 LAND O LAKES, FL 34639			Mailing Address PO BOX 1928 LAND O LAKES, FL 34639		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3403167	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YINCENT, PARRULLI 7311 TROUBLECREEK RD. #1102 NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name <u>Henny Mathis</u> Street Address (P.O. Box Number is Not Acceptable) <u>20325 Gator Ln.</u> City <u>Land O Lakes</u> <u>FL</u> Zip Code <u>34639</u>	
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>Henny Mathis</u> DATE <u>1-15-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERYL TYLER 1604 OSTRY LANE LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PD Darcy Mirabal 6100 Regina Place Land O Lakes, FL 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEY, KAREN 22451 HAWK HILL LOOP LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Dennis Briggs 1835 Candlestick Ct. Lutz FL 33559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OYLSMA, KATHY 23039 CYPRESS TRAIL DR. LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Kathryn Blyma 23039 Cypress Trail Dr. Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Terese Borden 24635 Oaks Blvd LAND O LAKES, FL 34639	<input type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fees empowered.					
SIGNATURE: <u>Henny Mathis</u>				Date: <u>1-15-04</u>	