


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90008 009 ****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 - No P.O. Box # 20325 GATOR LANE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAND O' LAKES, FLORIDA		City & State			
Zip 34639	Country	Zip	Country		
6. Name and Address of Current Registered Agent MATHIS, KENNY 20325 GATOR LN LAND O LAKES, FL 34639			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 59-3403167		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
02232007 Chg-NP CR2E037 (12/06)					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 MIRABAL, DARCY 6100 REGINA PLACE LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Leslie Hines- Byrne 4702 Barry Road Land O' Lakes, Florida 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAMERON, MARIANNE 22619 ROYCE RIDGE RD LAND O LAKES, FL 34139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Flo Shrager 1830 Candlestick Court Lutz, Florida 33559	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HINES, LESLIE 4702 BARRY DRIVE LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Mary Claypool 23045 Eagles Watch Drive Land O' Lakes, Florida 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FC FALCON, ALICIA 12233 PASCO TRAILS RD SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	FC Sally Remillard 11935 Pasco Trails Spring Hill, Florida 34619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NEUBAUEN, WILLIAM 3736 PARKWAY BLVD LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D John S. Nuzzo 1625 Tailor Road Lutz, Florida 33559-3326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		JOHN S. NUZZO		FEB. 24, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	