## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005637

Entity Name: LION BAND BOOSTERS, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

**20101 LYONS RD** 

BOCA RATON, FL 33434 US

Current Mailing Address: New Mailing Address:

P.O. BOX 970505 BOCA RATON, FL 33497

FEI Number: 65-0849647 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TFIRN, LORI

11365 SEAGRASS CIRCLE

BOCA RATON, FL 33498 US

SALAZAR, JOAN

9358 AEGEAN DRIVE

BOCA RATON, FL 33496

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.

SIGNATURE: JOAN SALAZAR 05/01/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: SANDBERG, DEBBIE Name: BAUMAN, DONNA

Address: 21622 LITTLE BEAR LN Address: 18400 RUFFIAN WAY
City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33496

Title: S ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 BAUMAN, DONNA
 Name:
 SALAZAR, JOAN

 Address:
 18400 RUFFIAN WAY
 Address:
 9358 AEGEAN DRIVE

 City-St-Zip:
 BOCA RATON, FL 33496
 City-St-Zip:
 BOCA RATON, FL 33496

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MILLIGAN, DENISE
 Name:

 Address:
 18280 181ST CIRCLE S.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TFIRN, LORI
 Name:

 Address:
 11365 SEA GRASS CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN SALAZAR T 05/01/2006