2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005923

Entity Name: KANAPAHA BAND BOOSTERS, INCORPORATED

FILED Jan 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5005 S.W. 75TH STREET GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

5005 S.W. 75TH STREET GAINESVILLE, FL 32608

FEI Number: 59-3425270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

POE, GERALD D.M.A. C/O KANAPAHA MIDDLE SCHOOL 5005 S.W. 75TH STREET GAINESVILLE, FL 32608 US

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:

Flateria Constant of Desirtant Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BAKUZONIS, KAREN
 Name:
 MEYERS, DOUGLAS

 Address:
 215 SW 136TH STREET
 Address:
 9794 S.W. 52ND LANE

 City-St-Zip:
 NEWBERRY, FL 32669
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: V () Delete Title: () Change () Addition

 Name:
 FRITZ, JINA
 Name:

 Address:
 514 NW 97 TERRACE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 SUIONS, BARBARA
 Name:
 BOLCH, WESLEY

 Address:
 77 30 SW 11 AVE.
 Address:
 9501 S.W. 56TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32608

 Name:
 HARRISON, MILA
 Name:
 GRANT, THERESA

 Address:
 1011 SW 101 STREET
 Address:
 7617 S.W. 56TH AVENUE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THERESA GRANT T 01/13/2004