

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90453 032 ****70.00

DOCUMENT # N96000005923 1. Entity Name KANAPAH BAND BOOSTERS, INCORPORATED					
Principal Place of Business 5005 S.W. 75TH STREET GAINESVILLE, FL 32608			Mailing Address 5005 S.W. 75TH STREET GAINESVILLE, FL 32608		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3425270			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POE, GERALD D.M.A. C/O KANAPAH MIDDLE SCHOOL 5005 S.W. 75TH STREET GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name Broadway, Sherri Street Address (P.O. Box Number is Not Acceptable) c/o Kanapah Middle School 5005 S.W. 75th Street City Gainesville FL Zip Code 32608		
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>Sherri L. Broadway / Sherri Broadway</u> 4-27-05 <small>Signature, typed or printed name of registered agent and officer, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 MEYERS, DOUGLAS 9794 S.W. 52ND LANE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bolch, Wesley 9501 SW 56th Place Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRITZ, JINA 514 NW 97 TERRACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Judy Lundell 9529 SW 53rd Rd Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLCH, WESLEY 9501 S.W. 56TH PLACE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Connie Scott 3529 SW 84th St Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANT, THERESA 7617 S.W. 56TH AVENUE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Watson, Suzanne 7245 SW 80th Terrace Gainesville, FL 32608
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
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
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 like empowered.					
SIGNATURE: <u>Suzanne Watson</u> / <u>Suzanne Watson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-27-05 352-337-2762 <small>Date Daytime Phone #</small>	