

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2009
Secretary of State**

DOCUMENT# N97000002798

Entity Name: BELL BAND BOOSTERS, INC.

Current Principal Place of Business:

930 S MAIN STREET
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 345
BELL, FL 32619

New Mailing Address:

FEI Number: 59-3447952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAGASSE, ELAINE
6970 NW 41ST CIRCLE
BELL, FL 32619 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAGASSE, ELAINE
Address: 6970 NW 41ST CIRCLE
City-St-Zip: BELL, FL 32619

Title: VP () Delete
Name: MCPHEARSON, CINNAMON
Address: 4629 N US HWY 129
City-St-Zip: BELL, FL 32619

Title: TD () Delete
Name: DIAMOND, ELIZABETH C
Address: 1849 SW 15TH WAY
City-St-Zip: BELL, FL 32619

Title: SD () Delete
Name: NOBS, YVONNE
Address: 6989 NE 50TH AVE RD
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SD (X) Delete
Name: BROWN, THERESEA
Address: 2150 NW 30TH ST.
City-St-Zip: BELL, FL 32619

Title: VC (X) Delete
Name: SMITH, ADELE
Address: PO BOX 3267
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELAINE LAGASSE

PRES

01/11/2009

Electronic Signature of Signing Officer or Director

_____ Date