



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-01-2008 90214 024 ****61.25

DOCUMENT # N97000003661					
1. Entity Name SANTA FE BAND BOOSTERS, INC.					
Principal Place of Business P.O. BOX 2105 ALACHUA, FL 32616-2105		Mailing Address P.O. BOX 2105 ALACHUA, FL 32616-2105		<p>66013172</p>  <p>04242008 Chg-NP CR2E037 (12/06)</p>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3107145	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ANDERSON, DEBRA L 18505 NW 153RD PLACE ALACHUA, FL 32615				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code
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>DEBRA L. ANDERSON</u>		<u>Debra L Anderson</u>		DATE <u>4/24/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENILAGUAN, CINDY		NAME	DEBRA ANDERSON	
STREET ADDRESS	3203 NW 140 AVE		STREET ADDRESS	18505 NW 153 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, RON		NAME	KATHY DOMASH	
STREET ADDRESS	8109 SW 122 ST		STREET ADDRESS	10803 NW 4th PL	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, SUZETTE		NAME		
STREET ADDRESS	18303 NW 120 PL		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DEBRA		NAME	RENE SANDS Elise Whann	
STREET ADDRESS	18505 NW 153 PLACE		STREET ADDRESS	14317 NW 41st Ave	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	Newberry, FL 32669	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 517, 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>Kathy Domash</u>		<u>4/24/08</u>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	