

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003661

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SANTA FE BAND BOOSTERS, INC.

## Current Principal Place of Business:

P.O. BOX 2105  
ALACHUA, FL 326162105

## New Principal Place of Business:

16213 NW US HIGHWAY 441  
ALACHUA, FL 32615

## Current Mailing Address:

P.O. BOX 2105  
ALACHUA, FL 326162105

## New Mailing Address:

FEI Number: 59-3107145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, DEBRA L  
18505 NW 153RD PLACE  
ALACHUA, FL 32615      US

## Name and Address of New Registered Agent:

DOMASH, KATHRYN A  
10203 NW 4TH PLACE  
GAINESVILLE, FL 32607      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: KATHRYN A DOMASH

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDERSON, DEBRA  
Address: 18505 NW 153 PL  
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete  
Name: DOMASH, KATHY  
Address: 10203 NW 4TH PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete  
Name: DUNN, SUZETTE  
Address: 16303 NW 120 PL  
City-St-Zip: ALACHUA, FL 32615

Title: C ( ) Delete  
Name: WHANN, ELISE  
Address: 14317 NW 41 AVE  
City-St-Zip: NEWBERRY, FL 32669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DOMASH, KATHRYN  
Address: 10203 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: T (X) Change ( ) Addition  
Name: BARCENAS, MARICELA  
Address: PO BOX 429  
City-St-Zip: LACROSSE, FL 32658

Title: ( ) Change ( ) Addition  
Name:  
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: KATHRYN A DOMASH

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date