

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: KATHYRN 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