2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004928

1. Entity Name
GODBY HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1717 W THARPE ST TALLAHASSEE, FL 32303	1717 W THARPE ST TALLAHASSEE, FL 32303

01252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3521767

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRIDGEON, RANDY
1717 W THARPE ST
TALLAHASSEE, FL 32303

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000033974
02/05/04-80065-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	TRAMMELL, KAREN
STREET ADDRESS	1821 RAA AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	TD
NAME	MADDOX, SUSAN
STREET ADDRESS	5126 MADDOX ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VD
NAME	PARRISH, BRENDA
STREET ADDRESS	16934 LAKE CHRISTIANA CT
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	PD
NAME	OVERLIN, SHEILA
STREET ADDRESS	4284 BLOUNT CREEK ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Susan Brosnan Maddox 2/4/04 850-488-4356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Susan Brosnan-Maddox