


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90012 045 ****61.25

DOCUMENT # N97000004928 1. Entity Name GODBY HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.	
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Principal Place of Business 1717 W THARPE ST TALLAHASSEE, FL 32303	Mailing Address 1717 W THARPE ST TALLAHASSEE, FL 32303
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40094206



02172006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3521767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAMMELL, KAREN			NAME			
STREET ADDRESS	1821 RAA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ETHERS, CHERYL			NAME			
STREET ADDRESS	5648 NATURE LANE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, MELANIE			NAME			
STREET ADDRESS	4315 SHERBORNE RD.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEAVENER, SARAH			NAME	Lena Gibson		
STREET ADDRESS	1882 PATSY ANN COURT S.			STREET ADDRESS	905 Saddle Creek Run		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	Tallahassee, FL 32301		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCREWS, SANDRA			NAME			
STREET ADDRESS	2731 TETON TRAIL			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32303			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 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: <u>Charles A. Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>5/23/06</u>	Daytime Phone #
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ATTACHMENT
40094206
#N97000004928

CHERYL ETTERS
INFORMATION SPECIALIST

5/24/06

I am so sorry this is
late! Please contact me
if this is a problem.

Cheryl Etters