2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# N97000005285

Entity Name: TIGER BAND ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

527 S W 12TH STREET
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

527 S W 12TH STREET
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 59-3412223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHENCK, JACK
527 SW 12TH STREET
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BALL, CHARLES
Address: ROUTE 1, BOX 655
City-St-Zip: LAWTEY, FL 32058

Title: P ( ) Delete
Name: WIGGINS, ALEIDA
Address: PO BOX 181
City-St-Zip: LAKE BUTLER, FL 32054

Title: DV ( ) Delete
Name: GRAY, PAM
Address: RT 3 BOX 326 A1
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete
Name: SCHENCK, JACK
Address: 527 SW 12TH STREET
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEIDA WIGGINS P 06/18/2009
Electronic Signature of Signing Officer or Director — Date