2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006189

FILED Apr 21, 2009 Secretary of State

Entity Name: WHARTON HIGH SCHOOL BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business: WHARTON HIGH SCHOOL 20150 BRUCE B. DOWNS BLVD. TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** WHARTON HIGH SCHOOL 20150 BRUCE B. DOWNS BLVD. TAMPA, FL 33647 FEI Number: 52-2078118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COPE, LAURA 10108 QUEENS PARK DRIVE TAMPA, FL 33647 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KACZMAREK, LAURIE Name: Name: 9608 SWEET IVY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: COPE, LAURA K Name: COPE, LAURA Address: 10108 QUEENS PARK DRIVE Address: 10108 QUEENS PARK DRIVE City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition BAUER, RACHEL JUDKINS, DEBBIE Name: Name: 10029 CYPRESS SHADOW 18006 WYNTHORNE DR. Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition BRISCO, LOURDES Name: POTTS, TRACY Name: 18155 HERON WALK DR 19206 RIDGELAKE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: LUTZ, FL 33549 Title: (X) Delete Title: () Change () Addition WAGNER, JOANNE Name: Name: 18019 PALM BREEZE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 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: LAURA COPE P 04/21/2009