

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006470

FILED
Apr 30, 2009
Secretary of State

Entity Name: CATEGORY 5 MUSIC PROGRAM BOOSTERS, INC.

Current Principal Place of Business:

C/O PALM HARBOR UNIVERSITY HIGH SCHOOL
1900 OMAHA STREET
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

C/O PALM HARBOR UNIVERSITY HIGH SCHOOL
1900 OMAHA STREET
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3478310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACALENTO, KAREN
2146 NEWBERRY COURT
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

BRACALENTO, KAREN
2146 NEWBURY COURT
PALM HARBOR, FL 34683 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MUSSER, MARY
Address: 1368 FORESTEDGE BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: PD () Delete
Name: EVANS, BILL
Address: 845 VILLAGO WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: BRACALENTO, BILL
Address: 2146 NEWBERRY COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: CINDY, SIMS
Address: 1800 WILLOW OAK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: KELLY, AMY
Address: 1335 15TH STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: PD (X) Change () Addition
Name: SHARP, CHERYL
Address: 867 PINEWOOD TERR W
City-St-Zip: PALM HARBOR, FL 34683

Title: TD (X) Change () Addition
Name: SIMS, CINDY
Address: 1800 WILLOW OAK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VD (X) Change () Addition
Name: GREEN, MATTY
Address: 593 BAY STREET
City-St-Zip: PALM HARBOR, FL 34683

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: CHERYL SHARPE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date