

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 018 ****61.25



DOCUMENT # N97000007211
 1. Entity Name
SEMINOLE MIDDLE SCHOOL MUSIC BOOSTERS, INC.

Principal Place of Business
**8701 - 131ST STREET NORTH
 SEMINOLE, FL 33776**

Mailing Address
**8701 - 131ST STREET NORTH
 SEMINOLE, FL 33776**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

08192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3005700

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
**DURST, KATHERINE
 13370 BALBOA DR
 LARGO, FL 33774**

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 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GUESS, CHAD	
STREET ADDRESS	14347 91ST	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	P	<input type="checkbox"/> Delete
NAME	DURST, KATHERINE	
STREET ADDRESS	13370 BALBOA DR	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDDINGER, SUSAN	
STREET ADDRESS	13850 88TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	S	<input type="checkbox"/> Delete
NAME	JILL HEISER	
STREET ADDRESS	14346 - 90TH AVE. N.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN EDDINGER	
STREET ADDRESS	13850 - 88TH AVE. N.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL HEISER	
STREET ADDRESS	14346 - 90TH AVE. N.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **8/19/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #