

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90355 026 ****61.25

DOCUMENT # N98000004477						
1. Entity Name WILDCAT BAND BOOSTERS, INC.						
Principal Place of Business 10600 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411			Mailing Address 1128 ROYAL PALM BEACH BLVD PMB 272 ROYAL PALM BEACH, FL 33411			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0885251		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ASHURST, CANDICE B 13132 - 85TH ROAD NORTH WEST PALM BEACH, FL 33412			7. Name and Address of New Registered Agent Name <u>DEMBOY, ANDREA</u> Street Address (P.O. Box Number is Not Acceptable) <u>12390 - 51ST COURT NORTH</u> City <u>W. Palm Beach</u> FL Zip Code <u>33411</u>			
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 <u>Andrea Dembo</u> DATE <u>4-1-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
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						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME STOCKWELL, KIM		<input checked="" type="checkbox"/> Delete	TITLE P	NAME ALVORD, GARY	
STREET ADDRESS 10560 SUMMERTIME LANE	CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 10348 Showboat Lane	CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE V	NAME INMAN, WENDY		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 145 KINGS WAY	CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME HARRIS, DEBBIE		<input checked="" type="checkbox"/> Delete	TITLE S	NAME STEELE, M' DONDA	
STREET ADDRESS 1812 E ROAD	CITY-ST-ZIP LOXAHATCHEE, FL 33470		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 101 CAMBRIDGE LANE	CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE T	NAME HARRIS, SHERRY		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 116 SANTA MONICA AVE	CITY-ST-ZIP ROYAL PALM BEACH, FL 33411		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME DEMBOY, ANDREA		<input type="checkbox"/> Delete	TITLE T	NAME DEMBOY, ANDREA	
STREET ADDRESS 12390 - 51ST COURT NORTH	CITY-ST-ZIP WEST PALM BEACH, FL 33411		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 12390 51ST CT. N.	CITY-ST-ZIP W. PALM BEACH, FL 33411	
TITLE D	NAME ASHURST, CANDICE B		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 13132 - 85TH ROAD NORTH	CITY-ST-ZIP WEST PALM BEACH, FL 33412		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u>Andrea Dembo</u>			<u>4/1/06</u>		<u>561-798-3419</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	