

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001260

FILED
May 19, 2006
Secretary of State

Entity Name: ST. AUGUSTINE HIGH SCHOOL BAND BOOSTERS ASSOCIATION, INC.

Current Principal Place of Business:

3205 N. VARELLA STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 1587
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3559393 **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:

COLE, DWIGHT
252 GULL CIR
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

SQUIRE, WILLIAM L
2951 STRATTON BLVD
ST AUGUSTINE, FL 32084 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: WILLIAM L. SQUIRE

05/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLE, DWIGHT
Address: 252 GULL CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32083

Title: VD () Delete
Name: RYAN, THERESA
Address: 4621 6TH AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VD () Delete
Name: COONS, LINDA
Address: 236 TREASURE BEACH ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD () Delete
Name: SQUIRE, DONNA
Address: 655 OAKLAND AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARAINI, JUDY
Address: 3205 VARELLA AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD (X) Change () Addition
Name: WRIGHT, ADELE
Address: 3205 VARELLA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD (X) Change () Addition
Name: GARD, VICKY
Address: 3205 VARELLA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD (X) Change () Addition
Name: SQUIRE, DONNA
Address: 3205 VARELLA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA M. SQUIRE

SD

05/19/2006

Electronic Signature of Signing Officer or Director

Date