

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001260

FILED
May 04, 2008
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:

3205 VARELLA AVENUE
ST. AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 1587
ST. AUGUSTINE, FL 32085

New Mailing Address:

3205 VARELLA AVENUE
ST. AUGUSTINE, FL 32084

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:

ANTONI, LAURA
3205 N. VARELLA STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

ANTONI-BEARD, LAURA
3205 VARELLA AVE
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: LAURA ANTONI-BEARD

05/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EMMEL, DAVID
Address: 3205 VARELLA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: TD () Delete
Name: INMAN, DENISE
Address: 3205 VARELLA AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: SD () Change (X) Addition
Name: DOUGLAS, LINDA
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 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: LINDA DOUGLAS

SD

05/04/2008

Electronic Signature of Signing Officer or Director

Date