
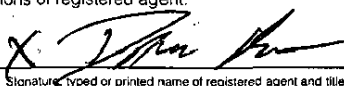
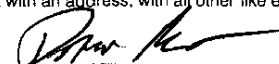


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91067 049 \*\*\*\*61.25

<b>DOCUMENT # N99000002997</b> 1. Entity Name <b>BAND BOOSTERS OF DUNEDIN HIGH SCHOOL, INC.</b>					
Principal Place of Business <b>1651 PINEHURST ROAD DUNEDIN, FL 34698</b>			Mailing Address <b>1651 PINEHURST ROAD DUNEDIN, FL 34698</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2102412</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DYKES, JAMES 1651 PINEHURST ROAD DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name <b>David Everett</b> Street Address (P.O. Box Number is Not Acceptable) <b>1714 Prince Philip St</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33755</b>	
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 		<b>DAVID EVERETT Pres.</b>		<b>4-26-04</b>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVERETT, DAVID 1714 PRINCE PHILIP ST CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEITH, JENNY 1090 FOX HOLLOW RUN DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jo Howell 1192 Jackmar Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAISER, LAURA 1118 NEW YORK AVE DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Georgetta Doyle 1119 Carlton Rd Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CYR, KATHY 998 SAN PEDRO DRIVE DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTRANDER, DAVID 1445 ADMIRAL WOODSON LANE CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERETT, SUSAN 1714 PRINCE PHILLIP STREET CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				<b>4-26-04 727-469-7100</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

**94082902**



04142004 Chg-NP CR2E037 (10/03)