

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90448 015 ****61.25

DOCUMENT # N99000006899					
1. Entity Name SOUTH LAKE SCREAMING EAGLE BAND BOOSTERS, INC.					
Principal Place of Business PO BOX 193 GROVELAND, FL 34736			Mailing Address PO BOX 193 GROVELAND, FL 34736		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3610856	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAW, JULIA R 250 S. MAIN AVE. GROVELAND, FL 34736			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 May 1, 2007		9. Election Campaign Financing <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 HOWARD, EMMA STREET ADDRESS 1721 SUNSET RIDGE DR CITY-ST-ZIP MASCOTTE, FL 34753	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SPITZER, VANNESSA STREET ADDRESS 255 GROVERFARMS RD CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete		TITLE D NAME Adrienne Miller STREET ADDRESS 4200 Baptist Island Rd CITY-ST-ZIP Groveland, FL 34736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME BOMBARDO, CAROL STREET ADDRESS 18139 VICTORIAN DR CITY-ST-ZIP CLERMONT, FL 34715	<input checked="" type="checkbox"/> Delete		TITLE D NAME Rick Baugh STREET ADDRESS 11313 Autumn Wind Loop CITY-ST-ZIP Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME CONTINI, VALERIE STREET ADDRESS 18135 SEMONILE TRAIL CITY-ST-ZIP CLERMONT, FL 34715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BROWN, ROBERT STREET ADDRESS 11533 KANUBA COURT CITY-ST-ZIP CLERMONT, FL 34715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KYRFISS, DENISE STREET ADDRESS 181 E WALDO ST CITY-ST-ZIP GOTHA, FL 34734	<input type="checkbox"/> Delete		TITLE DVP NAME Denise Kyrfiss STREET ADDRESS 181 E. waldo St. CITY-ST-ZIP Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Emma Howard President</u> <u>4-25-07</u> <u>(352)429-8202</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					