

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721284

**Entity Name:** ST. PETERSBURG HIGH SCHOOL BAND BOOSTER  
ASSOCIATION OF ST. PETERSBURG, FLORIDA, INC.**FILED**  
**Feb 19, 2024**  
**Secretary of State**  
**9191997950CC****Current Principal Place of Business:**2501 - 5TH AVE N  
ST PETERSBURG, FL 33713**Current Mailing Address:**2501 - 5TH AVE N  
ST PETERSBURG, FL 33713 US**FEI Number: 59-1948460****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICALDE, MARLENE G  
2501 5TH AVENUE NORTH  
ST PETERSBURG, FL 33713 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: MARLENE RICALDE****02/19/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	BENSON, SUSAN
Address	2501 - 5TH AVE N
City-State-Zip:	ST PETERSBURG FL 33713

Title	VP
Name	VASALLO, HEIDI VP
Address	2501 - 5TH AVE N
City-State-Zip:	ST PETERSBURG FL 33713

Title	SECR
Name	CLAYTON, CHRISTINA
Address	2501 - 5TH AVE N
City-State-Zip:	ST PETERSBURG FL 33713

Title	TREASURER
Name	RICALDE, MARLENE
Address	2501 - 5TH AVE N
City-State-Zip:	ST PETERSBURG FL 33713

Title	TREASURER
Name	LOPEZ, CARY
Address	2501 - 5TH AVE N
City-State-Zip:	ST PETERSBURG FL 33713

*I hereby 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 all other like empowered.*

**SIGNATURE: MARLENE RICALDE****TREASURER****02/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date