2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009597

Entity Name: WESTGLADES MIDDLE SCHOOL BAND BOOSTERS, INC.

FILED Apr 28, 2023 Secretary of State 7069725425CC

Current Principal Place of Business:

C/O WMS BAND DIRECTOR 11000 HOLMBERG RD PARKLAND, FL 33076

Current Mailing Address:

C/O WMS BAND DIRECTOR 11000 HOLMBERG RD PARKLAND, FL 33076 US

FEI Number: 20-0260003 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEANEY, HEATHER K TREASURER C/O WMS BAND BOOSTERS TREASURER 11000 HOLMBERG RD PARKLAND, FL 33076 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: HEATHER K MEANEY 04/28/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name HUGUS, DANIELLE M Name MEANEY, HEATHER K

Address C/O WMS BAND DIRECTOR Address C/O WMS BAND DIRECTOR

11000 HOLMBERG RD 11000 HOLMBERG RD

City-State-Zip: PARKLAND FL 33076 City-State-Zip: PARKLAND FL 33076

Title VP 1 OF VOLUNTEERS Title DIRECTOR OF BANDS

Name PEERS, CATHERINE Name GORDON , CHRISTIAN A

Address C/O WMS BAND DIRECTOR Address C/O WMS BAND DIRECTOR

11000 HOLMBERG RD 11000 HOLMBERG RD

PARKLAND FL 33076 City-State-Zip: PARKLAND FL 33076

Title ASSOCIATE BAND DIRECTOR Title SECRETARY

Name TODD, KALYN Name ARMSTRONG, NAVIA

Address C/O WMS BAND DIRECTOR Address C/O WMS BAND DIRECTOR

11000 HOLMBERG RD 11000 HOLMBERG RD

City-State-Zip: PARKLAND FL 33076 City-State-Zip: PARKLAND FL 33076

Title VP 2 OF FUNDRAISING

Name GAGNE, SUZIE

City-State-Zip:

Address C/O WMS BAND DIRECTOR

11000 HOLMBERG RD

City-State-Zip: PARKLAND FL 33076

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: HEATHER K MEANEY TREASURER 04/28/2023