2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009597

Entity Name: WESTGLADES MIDDLE SCHOOL BAND BOOSTERS, INC.

FILED Feb 12, 2025 Secretary of State 3546346569CC

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:

ZINN, CARRIE L 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: CARRIE L. ZINN 02/12/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 TREASURER

 Name
 HART, CASEY
 Name
 ZINN, CARRIE L

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

TitleVP 1 OF VOLUNTEERSTitleDIRECTOR OF BANDSNamePEERS, CATHERINENameGILBERT, KIETHLYN

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 SECRETARY Title VP 2 OF FUNDRAISING

Name STOLLMAN, MELISSA Name GAGNE, SUZIE

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 TREASURER

Name DODDRIDGE, CATALINA
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: CARRIE L. ZINN TREASURER 02/12/2025