

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009423

**FILED**  
**Apr 08, 2014**  
**Secretary of State**  
**CC8338281942**

**Entity Name:** LIBERTY PINES ACADEMY BAND BOOSTER ASSOCIATION, INC.

**Current Principal Place of Business:**

10901 RUSSELL SAMPSON ROAD  
ST. JOHNS, FL 32259

**Current Mailing Address:**

10901 RUSSELL SAMPSON ROAD  
ST. JOHNS, FL 32259

**FEI Number: 26-3574309**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CONCHING, TASHA  
1785 HIGHLAND VIEW DRIVE  
ST. AUGUSTINE, FL 32092 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BAVINGTON, PAUL  
Address 5344 TURTLEBACK CROSSING LANE  
City-State-Zip: JACKSONVILLE FL 32258

Title SECRETARY  
Name TURNER, SHELLY  
Address 10901 RUSSELL SAMPSON RD  
City-State-Zip: ST JOHNS FL 32259

Title PRESIDENT  
Name LECHNER, KELLY  
Address 1730 HIGHLAND VIEW DR.  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title TREASURER  
Name TAYLOR-PRUITT, CHRISTY  
Address 10901 RUSSELL SAMPSON ROAD  
City-State-Zip: ST. JOHNS FL 32259

Title VP  
Name VANBENNEKOM, TARA  
Address 10901 RUSSELL SAMPSON ROAD  
City-State-Zip: ST. JOHNS FL 32259

*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: CHRISTY TAYLOR-PRUITT**

**TREASURER**

**04/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date