

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007428

Entity Name: FINE ARTS BOOSTERS, INCORPORATED**Current Principal Place of Business:**6189 WINTER GARDEN VINELAND ROAD
WINDERMERE, FL 34786**Current Mailing Address:**6189 WINTER GARDEN VINELAND ROAD
WINDERMERE, FL 34786 US**FEI Number:** 47-1560198**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KING, JASON R
6189 WINTER GARDEN VINELAND ROAD
WINDERMERE, FL 34786 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	P
Name	MACKENZIE, DEBORAH
Address	13939 FLORIGOLD DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	VP
Name	DE LEMOS, ELSA M
Address	6125 LAKE BURDEN VIEW DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	ASST. TREASURER
Name	LAFALCE, MARLA B
Address	8992 CRICHTON WOOD DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	VP
Name	KING, JASON R
Address	6189 WINTER GARDEN VINELAND ROAD
City-State-Zip:	WINDERMERE FL 34786

Title	S/T
Name	KOLCZYNSKI, KATHLEEN
Address	518 LONGMEADOW STREET
City-State-Zip:	CELEBRATION FL 34747

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: KATHLEEN S. KOLCZYNSKI

S/T

01/31/2015

Electronic Signature of Signing Officer/Director Detail_____
Date