2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010274

Title:

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Address:

City-St-Zip:

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MORELLA, GINA

11977 XAVIER AVE.

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PORT CHARLOTTE, FL 33981

FILED Jan 21, 2009 Secretary of State

Entity Name: L A AINGER BAND BOOSTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 245 COUGER WAY ROTONDA WEST, FL 33947 **Current Mailing Address: New Mailing Address:** 3033 CURRY TERRACE PORT CHARLOTTE, FL 33981 FEI Number: 26-3736262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSSI, JODY 3033 CURRY TERRACE PORT CHARLOTTE, FL 33981 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PRES () Change () Addition () Delete COTTER, KELLY E Name: Name: 10123 AMELIA AVE. Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COTTER, DINA K Name: Address: 10123 AMELIA AVE. Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: SECT () Delete Title: () Change () Addition ROSSI, JODY Name: Name: Address: 3033 CURRY TERRACE Address: City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JODY ROSSI SECT 01/21/2009

() Change () Addition