

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY - 1 PM 12: 59

**DOCUMENT # 720043 (9)**

1. Corporation Name

**BAND BOOSTER ASSOCIATION OF EUSTIS, INC.**

Principal Place of Business

Mailing Address

**BAND ROOM EUSTIS HIGH SCHOOL  
1300 E WASHINGTON AVE  
EUSTIS FL 32726**

**P.O. BOX 1799  
EUSTIS FL 32727**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/12/1971**

3a. Date of Last Report

**07/21/1994**

4. FEI Number

**59-6145991**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASHLEY, ERICK  
1300 WASHINGTON AVE  
EUSTIS FL 32726**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the location

(NOTE: Registered Agent signature required when renewing)

DATE

**4/26/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>PO - Co - PRESIDENT</b> |
| NAME            | <b>LIBBY, GLENDA</b>       |
| STREET ADDRESS  | <b>25408 LIBBY LANE</b>    |
| CITY - ST - ZIP | <b>EUSTIS FL</b>           |
| TITLE           | <b>PO -</b>                |
| NAME            | <b>PENTECOST, GEGIL E</b>  |
| STREET ADDRESS  | <b>3000 GARDEN ROAD</b>    |
| CITY - ST - ZIP | <b>EUSTIS FL</b>           |
| TITLE           | <b>RSD</b>                 |
| NAME            | <b>PENTECOST, VICKI A</b>  |
| STREET ADDRESS  | <b>3000 GARDEN ROAD</b>    |
| CITY - ST - ZIP | <b>EUSTIS FL</b>           |
| TITLE           | <b>TD</b>                  |
| NAME            | <b>PEACOCK, JOELLEN</b>    |
| STREET ADDRESS  | <b>351 CHERRY TREE ST</b>  |
| CITY - ST - ZIP | <b>EUSTIS FL</b>           |
| TITLE           | <b>CSD</b>                 |
| NAME            | <b>MCCOLLUM, RUTH P</b>    |
| STREET ADDRESS  | <b>425 WASHINGTON AVE</b>  |
| CITY - ST - ZIP | <b>EUSTIS FL</b>           |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

|                     |                                         |                                                                              |
|---------------------|-----------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>Co - PRESIDENT</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>BILL WELTER</b>                      |                                                                              |
| 1.3 STREET ADDRESS  | <b>410 PARK LANE</b>                    |                                                                              |
| 1.4 CITY - ST - ZIP | <b>EUSTIS, FL. 32726</b>                |                                                                              |
| 2.1 TITLE           | <b>VD</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>LARRY HOTTE</b>                      |                                                                              |
| 2.3 STREET ADDRESS  | <b>35624 Cypress Ct.</b>                |                                                                              |
| 2.4 CITY - ST - ZIP | <b>PO Box 356402 Leesburg, FL 34788</b> |                                                                              |
| 3.1 TITLE           | <b>GRAND ISLAND, FL 32735</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                         |                                                                              |
| 3.3 STREET ADDRESS  |                                         |                                                                              |
| 3.4 CITY - ST - ZIP |                                         |                                                                              |
| 4.1 TITLE           |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                         |                                                                              |
| 4.3 STREET ADDRESS  |                                         |                                                                              |
| 4.4 CITY - ST - ZIP |                                         |                                                                              |
| 5.1 TITLE           |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                         |                                                                              |
| 5.3 STREET ADDRESS  |                                         |                                                                              |
| 5.4 CITY - ST - ZIP |                                         |                                                                              |
| 6.1 TITLE           |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                         |                                                                              |
| 6.3 STREET ADDRESS  |                                         |                                                                              |
| 6.4 CITY - ST - ZIP |                                         |                                                                              |

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joellen Peacock** **JOELLEN PEACOCK** **4/25/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Filing #