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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726521 (8)

1. Corporation Name

FOREST HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

Mailing Address

1614 SE FT KING ST
OCALA FL 34471
USC/O FOREST HIGH SCHOOL
1614 SE FT KING ST
OCALA FL 34471-2535
US3. Date Incorporated or Qualified
05/28/19733a. Date of Last Report
02/21/1996

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

BARAT, SHAWN
1614 SE FT. KING STREET
OCALA FL 34471

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 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRAFFAM, GEORGE
STREET ADDRESS 717 SE 48TH COURT
CITY-ST-ZIP Ocala FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD
NAME MARINO, PHYLLIS
STREET ADDRESS 1981 SW 52ND CT
CITY-ST-ZIP Ocala FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T
NAME TAYLOR, ELAINE
STREET ADDRESS 1835 SE 38TH PL
CITY-ST-ZIP Ocala FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME BARAT, SHAWN
STREET ADDRESS 1614 SE FT KING STREET
CITY-ST-ZIP Ocala FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S
NAME DEMATIO, LORI K
STREET ADDRESS 5941 NE 16TH ST
CITY-ST-ZIP Ocala FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shawn Barat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

Daytime Phone # 0065028

CR2E037 (9/96)