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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

**C/O FOREST HIGH SCHOOL
1614 SE FT KING ST
OCALA FL 34471
US**

3. Date Incorporated or Qualified

05/28/1973

4. FEI Number

59-2463574

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

TITLE	PD	☐ DELETE
NAME	GRAFFAM, GEORGE	
STREET ADDRESS	717 SE 46TH COURT	
CITY-ST-ZIP	OCALA FL	

TITLE	VPD	☒ DELETE
NAME	MARINO, PHYLLIS	
STREET ADDRESS	1981 SW 52ND CT	
CITY-ST-ZIP	OCALA FL	

TITLE	T	☒ DELETE
NAME	TAYLOR, ELAINE	
STREET ADDRESS	1835 SE 38TH PL	
CITY-ST-ZIP	OCALA FL	

TITLE	D	☐ DELETE
NAME	BARAT, SHAWN	
STREET ADDRESS	1614 SE FT KING STREET	
CITY-ST-ZIP	OCALA FL	

TITLE	S	☒ DELETE
NAME	KOBELIN, BARBARA	
STREET ADDRESS	1545 S.E. 37TH AVE.	
CITY-ST-ZIP	OCALA FL	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	Theresa d'Angelo
2.4 CITY-ST-ZIP	2840 SE 8th St OCALA FL 34471

3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	AURALE DAVIS
3.4 CITY-ST-ZIP	3809 SE 17th St OCALA FL 34471

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Kathy Graham
5.4 CITY-ST-ZIP	3031 SE 11th St OCALA FL 34471

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 *[Handwritten Signature]* **9/19/98** **(352)**
194-1559

CR2E037 (10/97)