

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90011 050 ****70.00

DOCUMENT # 726521

1. Entity Name
FOREST HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business
**1614 SE FT KING ST
OCALA, FL 34471 US**

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

44050400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2463574

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, JODY
1614 SE FT. KING STREET
OCALA, FL 34471**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/04

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	DANGELO, THERESA	
STREET ADDRESS	2840 SE 8TH ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FULKERSON, MARY	
STREET ADDRESS	16 PECAN PASS DR	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ASCHLIMAN, DEAN	
STREET ADDRESS	2635 SE 29TH LN	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fulkerson, Mary	
STREET ADDRESS	16 Pecan Pass Dr.	
CITY-ST-ZIP	Ocala, FL. 34472	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal, Nikki	
STREET ADDRESS	104 S.E. 19 Street	
CITY-ST-ZIP	Ocala, FL. 34471	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ivette Nevarez	
STREET ADDRESS	4226 S.E. 7 Place	
CITY-ST-ZIP	Ocala, FL. 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-2004

Date

352-687-1092

Daytime Phone #