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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 26 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004669 (8)
1. Corporation Name
NORTH FORT MYERS HIGH BAND BOOSTERS, INC.

Principal Place of Business Mailing Address
**NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 33903** **NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 33903**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/15/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0478028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 26
City & State 23	City & State 27
Zip 24	Country 28
Country 25	Zip 29
Country 30	Country 30

9. Name and Address of Current Registered Agent
**KAYUSA, MICHAEL F
1922 VICTORIA AVENUE
SUITE A
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent
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 obligations of, Section 607.0505, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP TIBBLE, DAVID 1714 N.E. 1ST TERR CAPE CORAL FL 33909	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SMITH, J R 1182 BETMAR BLVD. NORTH FT MYERS FL 33903	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TUREOTTE, NORMAN 946 HAPPY CT NORTH FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DUKESHIRE, CALVIN 986 TROPICAL PALM AVE. NORTH FT MYERS FL 33903	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SLAYBAUGH, NANCY J 1100 PONDELLA RD., #308 NORTH FT MYERS FL 33903	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MORGAN, PATRICIA 5870 UNTERMEYER CT. NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COPELAND, JACK 1822 SEAFON CIRCLE NORTH FT MYERS FL 33903	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KELNER, BRYAN J. 1907 S.E. 5TH ST. CAPE CORAL, FL. 33910
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BONSALL, JOANNE 1718 S.E. 15 TERR. CAPE CORAL FL 33900	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SM5116

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)(k), 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: David Tibble April 10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)