

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000004669 (8)**

1. Corporation Name

NORTH FORT MYERS HIGH BAND BOOSTERS, INC.



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

3. Date Incorporated or Qualified: **10/15/1993**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0478028**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** 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 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	DP	<input checked="" type="checkbox"/> DELETE
NAME	TIBBLE, DAVID	
STREET ADDRESS	1714 N.E. 1ST TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TURCOTTE, NORMAN	
STREET ADDRESS	946 HAPPY CT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DUKESHIRE, CALVIN	
STREET ADDRESS	986 TROPICAL PALM AVE.	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, PATRICIA	
STREET ADDRESS	5870 UNTERMEYER CT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KELNER, BRYAN J	
STREET ADDRESS	1907 SE 5TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONSALL, JOANNE	
STREET ADDRESS	1718 S.E. 15 TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33990	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEVIN A. MORROW	
1.3 STREET ADDRESS	905 DOINGS TRIM DR.	
1.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FREDERICK MICHAEL JARVI	
2.3 STREET ADDRESS	2217 SE 3RD ST.	
2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33990	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BETH ANN SALMON	
4.3 STREET ADDRESS	1002 JOLLY RD.	
4.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
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		

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 119.07(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:

Bryan J Kelner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30/96
Date

772-7436
Daytime Phone #

CR2E037 (12/95)