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May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 65-0478028  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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  
24 Zip: 25 Country: 26 Mailing Address: 27 Suite, Apt. #, etc.  
28 City & State: 29  
30 Zip: 31 Country: 32

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MORAOW, KEVIN A. 805 PONESTTIA DR. N FT MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV JARVI, FREDERICK MICH 217 SE 3RD ST CAPE CORAL FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV DUKESHIRE, CALVIN 988 TROPICAL PALM AVE. NORTH FT MYERS FL 33903	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS SALMON, BETH ANN 1002 JOLLY RD N FT MYERS FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DT KELNER, BRYAN J 1007 SE 5TH ST CAPE CORAL FL 33990	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BONSALL, JOANNE 1718 S.E. 15 TERR. CAPE CORAL FL 33990	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten entries in Block 13:

- 1.1 TITLE: ~~DP~~
- 2.1 TITLE: D/P
- 3.1 TITLE: DV Bernard, Terry
- 3.3 STREET ADDRESS: 1019 Loyely Ln, N. Ft. Myers, FL 33903
- 4.1 TITLE: DV McInnis, Gandi
- 4.3 STREET ADDRESS: 5380 Bunham Ct, N. Ft. Myers, FL 33903
- 5.1 TITLE: DV Davis, Sharon
- 5.3 STREET ADDRESS: 5776 Inverness Cir., N. Ft. Myers, FL 33903
- 6.1 TITLE: DV Tyre, Loren
- 6.3 STREET ADDRESS: 5954 Poetry Ct., N. Ft. Myers, FL 33903

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] DATE: 4/29/98

CR2E037 (10/97)