


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90001 034 ****61.25

DOCUMENT # N93000004669

1. Entity 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**

50021367



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05022006 Chg-NP CR2E037 (4/06)

City & State

City & State

Zip Country Zip Country

4. FEI Number
65-0478028

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KAYUSA, MICHAEL F.
 1922 VICTORIA AVENUE
 SUITE A
 FT. MYERS, FL 33901**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 6, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FUSON, RICHARD 1906 SE 4TH ST CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOPKINS, JOE 13 SE 14TH AVENUE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BORING, CHRISTY 1319 NW 13TH AVENUE CAPE CORAL, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUSON, LUCIE 1906 SE 4TH ST CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOSEPH HOPKINS 13 SE 14 AVENUE CAPE CORAL, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERI STANTON 1391 SOURWOOD CT. N. FT. MYERS, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DONNA WENZLAFF 1824 SE 12 STREET CAPE CORAL, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Joseph Hopkins **JOSEPH HOPKINS** 6/8/06 (239) 458-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #