
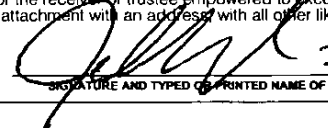


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 012 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0478028	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAYUSA, MICHAEL F 1922 VICTORIA AVENUE SUITE A FT. MYERS, FL 33901			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT.	<input checked="" type="checkbox"/> Delete	TITLE	DT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORING, CHRISTY		NAME	Philip Furlonger	
STREET ADDRESS	1319 NW 13TH AVENUE		STREET ADDRESS	1807 SE 11 TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, JOSEPH		NAME	Nelson Rivera	
STREET ADDRESS	13 SE 14 AVE		STREET ADDRESS	1526 NE 4 TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANTON, TERI		NAME	Donna Wenzlaff	
STREET ADDRESS	1391 SOURWOOD CT		STREET ADDRESS	1824 SE 12 ST.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Linda Welch	
STREET ADDRESS			STREET ADDRESS	3706 SW 12 PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		6/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	