

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004669

FILED
Jul 23, 2009
Secretary of State

Entity Name: NORTH FORT MYERS HIGH BAND BOOSTERS, INC.

Current Principal Place of Business:

NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0478028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: FURLONGER, PHILIP
Address: 1807 SE 11 TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: DVP () Delete
Name: WENZLAFF, DONNA
Address: 1824 SE 12TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: DP () Delete
Name: SOBECK, CARL
Address: 129 NE 8 PL
City-St-Zip: CAPE CORAL, FL 33909

Title: DS () Delete
Name: ROBINSON, ANDREA
Address: 323 NE 11 PL
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: FURLONGER, PHILIP F
Address: 1807 SE 11 TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: DVP (X) Change () Addition
Name: CHECOLO, KIM
Address: 1706 SW 12 LANE
City-St-Zip: CAPE CORAL, FL 33991

Title: DP (X) Change () Addition
Name: WISE, SHARON
Address: 15482 CRYSTAL LAKE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS (X) Change () Addition
Name: COX, BARBARA
Address: 8482 BOGART DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP F FURLONGER

DT

07/23/2009

Electronic Signature of Signing Officer or Director

_____ Date