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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000003494 (0)

Dala al al Plan		OUL BAND BOOSTERS,	INC.		
Principal Plac	ce of Business	Mailing Address			
9001 90TH AVE. SEBASTIAN FL 32958		9001 90TH AVE. Sebastian FL 32958			3. Date Incorporated or Qualified 07/24/1995
}					4. FEI Number Applied For
2. Principal P	Place of Business	2a. Mailing Address			301486575 59-3367500 Not Applicable
2. Principal Place of Business		26			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & Stat	le	City & State			7. Is this nonprofit corporation a homeowners association?
23		28	0		Yes □ No
Zip 24	Country	Zip	Country	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 5d No
24	9. Name and Address of Cu	29 rrent Registered Agent	30		Personal Property Tax due June 30. LJ Yes X No 10. Name and Address of New Registered Agent
			81	Name	
HANCO	CK, CARL B		82	Street	Address (P.O. Box Number Is Not Acceptable)
9001 90					Address (I. C. Box Hamber is 110t Addeptable)
SEBAST	TAN FL 32958		63		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Florida Stati	utes, the abov	e-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or r	registered agent, or both. In the S am lamiliar with, and accept the o	state of Florida. Soch change was	s authorized b	y the corp	rporation's board of directors. I hereby accept the appointment as registered
		י, בטכט זו סוועואטעים ווט צווטוואטעים ו	riorida Statute	S.	1 100
1	1 alls -	Grandins of protion 617.0503, I	riorida Statute	S .	4/28/98
SIGNATURE	Signature, typed or printed name of registaries	d agent and title if applicable. (NO	OTE: Registered Ag		e required when reinstating) Grant State G
SIGNATURE	Signature, typed or printed name of registates OFFICERS	diagoni and the Hispolicable (NO	OTE: Registered Ag		e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Tyl Change Addition
SIGNATURE	Signature, typed or printed name of registrates OFFICERS	d agent and title if applicable. (NO	TE Registered Ag		e required when reinstating) Grant State G
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registral of PD MORGAN, PATRICK	diagoni and the Hispolicable (NO	13. 1.1 TITLE 1.2 NAME	ent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Steve Fuller
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registral of PD MORGAN, PATRICK 511 SW CITRUS AVE.	diagoni and the Hispolicable (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature	PD Steve Fuller 229 S. Hickory St.
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes: Turther 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

FILED

May 06 1998 8:00am

Secretary of State