

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90077 019 ****61.25

DOCUMENT # 761895

1. Entity Name
NORTH MARION HIGH BAND BOOSTERS, INC.



Principal Place of Business
**151 W. HWY 329
CITRA, FL 32113**

Mailing Address
**151 W. HWY 329
CITRA, FL 32113**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132003

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2768138

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITZER, BILL
3716 SW 70TH TERR., 43-C
GAINESVILLE, FL 32608**

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 8, 2004**

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 PD
NAME TUCKER, DEBBIE ☐ Delete
STREET ADDRESS 3305 NE 135 ST
CITY-ST-ZIP ANTHONY, FL 32617

TITLE BOD
NAME BAKER, SUE ☐ Delete
STREET ADDRESS PO BOX 87
CITY-ST-ZIP ANTHONY, FL 32617

TITLE BOD
NAME PITZER, BILL ☐ Delete
STREET ADDRESS 3716 SW 70TH TERR., #43-C
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE T
NAME DREW, KAREN ☐ Delete
STREET ADDRESS 1083 E HWY 329
CITY-ST-ZIP CITRA, FL 32113

TITLE VPS
NAME BRANTLEY, LYNN R ☐ Delete
STREET ADDRESS 9851 NE 29TH TEX RP DR
CITY-ST-ZIP ANTHONY, FL 32617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition
NAME Monday Scott
STREET ADDRESS PO Box 863
CITY-ST-ZIP Sparr FL 32192

TITLE Vice President ☒ Change ☐ Addition
NAME Baker Sue
STREET ADDRESS PO Box 87
CITY-ST-ZIP Anthony FL 32617

TITLE BOD ☐ Change ☐ Addition
NAME Pitzer Bill
STREET ADDRESS 3716 SW 70th Terr #43c
CITY-ST-ZIP Gainesville FL 32608

TITLE Treasurer ☐ Change ☒ Addition
NAME Bootle Brenda
STREET ADDRESS 15600 NE Jacksonville 112 Road
CITY-ST-ZIP Citra FL 32113

TITLE Secretary ☐ Change ☒ Addition
NAME Monday Donna
STREET ADDRESS PO Box 863
CITY-ST-ZIP Sparr FL 32192

TITLE BOD ☒ Change ☐ Addition
NAME Tucker Debbie
STREET ADDRESS 3305 NE 135 Street
CITY-ST-ZIP Anthony FL 32617

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brenda Bootle Brenda Bootle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-04

Date

352 545 3316

Daytime Phone #