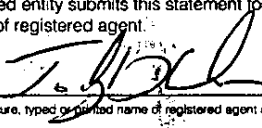
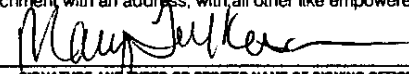


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90129 026 ****70.00

DOCUMENT # 726521 1. Entity Name FOREST HIGH SCHOOL BAND BOOSTERS, INC.					
Principal Place of Business 1614 SE FT KING ST OCALA, FL 34471 US			Mailing Address C/O FOREST HIGH SCHOOL 1614 SE FT KING ST OCALA, FL 34471 US		
2. Principal Place of Business Suite, Apt. #, etc. 5000 SE MARICAMP RD		3. Mailing Address C/O FOREST HIGH SCHOOL Suite, Apt. #, etc. 5000 SE MARICAMP RD			
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA			
Zip 34480		Country USA		Zip 34480	
Country USA		4. FEI Number 59-2463574			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ALEXANDER, JODY 1614 SE FT. KING STREET OCALA, FL 34471			7. Name and Address of New Registered Agent Name - ALEXANDER, JODY Street Address (P.O. Box Number is Not Acceptable) 5000 SE MARICAMP RD. City OCALA FL Zip Code 34480		
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  DATE 3/7/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULKERSON, MARY 16 PECAN PASS DR OCALA, FL 34472	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEAL, NIKKI 104 SE 19 STREET OCALA, FL 34471	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IVETTE, NEVAREZ 4226 SE 7 PLACE OCALA, FL 34471	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					