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	Mailing Address
1614 SE FT KING ST OCALA, FL 34471 US	C/O FOREST HIGH SCHOOL 1614 SE FT KING ST OCALA, FL 34471 US

01242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	C/O FOREST HIGH SCHOOL
Suite, Apt. #, etc. 5000 SE MARICAMP RD	Suite, Apt. #, etc. 5000 SE MARICAMP RD.
City & State OCALA, FLORIDA	City & State OCALA, FLORIDA
Zip / Country 34480 / USA	Zip / Country 34480 / USA

4. FEI Number 59-2463574 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEXANDER, JODY 1614 SE FT. KING STREET OCALA, FL 34471	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: 3/3/05
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 #