

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761895

**Entity Name:** NORTH MARION HIGH BAND BOOSTERS, INC.**Current Principal Place of Business:**151 W. HWY 329  
CITRA, FL 32113**Current Mailing Address:**151 W. HWY 329  
CITRA, FL 32113**FEI Number:** 59-2768138**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LILLY J. CRAIG  
121 SW 48TH LANE  
OCALA, FL 34471 US*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**Officer/Director Detail :**

Title	P
Name	MORIN, ROBERT
Address	12082 NE 150TH AVE RD
City-State-Zip:	FORT MCCOY FL 32134

Title	VP
Name	VADEN, JULIE
Address	3885 W ANTHONY RD
City-State-Zip:	OCALA FL 34475

Title	S
Name	ROCHLIN, JULIE
Address	4290 NE 20TH AVE
City-State-Zip:	OCALA FL 34479

Title	T
Name	KINARD, LYNDA
Address	780 NW 64TH PL
City-State-Zip:	OCALA FL 34475

Title	T
Name	HECKMAN, JENNIFER
Address	3015 NE 98TH LN
City-State-Zip:	ANTHONY FL 32617

Title	T
Name	LILLY, JOSEPH C
Address	121 SW 48TH LANE
City-State-Zip:	OCALA FL 34471

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH C. LILLY**TRUSTEE****04/12/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date