

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009912

Entity Name: FOREST HIGH SCHOOL CHORUS BOOSTERS, INC.**Current Principal Place of Business:**5000 SE MARICAMP RD
OCALA, FL 34480**Current Mailing Address:**5000 SE MARICAMP RD
OCALA, FL 34480 UN**FEI Number: 81-4105488****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONGERIO, JESSICA L
5000 SE MARICAMP RD
OCALA, FL 34480 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 | PRESIDENT |
| Name | THOMPSON, LEAH |
| Address | 3254 SE 36TH LOOP |
| City-State-Zip: | OCALA FL 34471 |

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|-----------------|---------------------|
| Title | TREASURER |
| Name | SARGENT, BRYE |
| Address | 5000 SE MARICAMP RD |
| City-State-Zip: | OCALA 34480 |

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|-----------------|--------------------|
| Title | VP |
| Name | KIM, LEARY |
| Address | 4519 SE 33RD PLACE |
| City-State-Zip: | OCALA FL 34480 |

| | |
|-----------------|------------------|
| Title | SECRETARY |
| Name | HEATHER, KELLEY |
| Address | 1421 SE 49TH AVE |
| 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: BRYE SARGENT**TREASURER****05/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date