

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011355

**Entity Name:** MCHS BAND BOOSTER CLUB INC.

**Current Principal Place of Business:**

2649 US HWY. 90  
MADISON, FL 32340

**Current Mailing Address:**

2649 US HWY. 90  
MADISON, FL 32340

**FEI Number: 83-2292896**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRASS, CHRISTINE D  
2089 NE STATE ROAD 6  
MADISON, FL 32340 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 PLATT, TRACEY L  
Address 11061 W US 90  
City-State-Zip: MADISON FL 32331

Title VP  
Name WHIGHAM, KIMBERLY  
Address 318 NW CANTEY AVE  
City-State-Zip: MADISON FL 32340

Title VP  
Name PLATT, TROY O  
Address 11061 W US 90  
City-State-Zip: MADISON FL 32340

Title S  
Name REEVES, MARTHA K  
Address 1449 NW LITTLE CAT ROAD  
City-State-Zip: MADISON FL 32340

Title T  
Name GRASS, CHRISTINE D  
Address 2089 NE STATE ROAD 6  
City-State-Zip: MADISON FL 32340

*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: CHRISTINE D. GRASS**

**TREASURER**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date