FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:17

DOCUMENT # **718303** **(1)**

1. Corporation Name

COCOA HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1306 SHAPPES FL 32959	P.O. BOX 1306 SHAPPES FL 32959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1970
3a. Date of Last Report: 09/02/1994
4. FEI Number: 23-7282938 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CANNON, WILLIAM
4645 PINE ST
COCOA FL 32926

10. Name and Address of New Registered Agent

61 Name: Robert Glenn McMahon
62 Street Address (P.O. Box Number is Not Acceptable): 2988 North Rd
63:
64 City: Cocoa FL 65 Zip Code: 32926

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert G. McMahon — Robert Glenn McMahon Treasurer — DATE: 3/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	CANNON, WILLIAM	12 NAME		
STREET ADDRESS	4645 PINE ST.	13 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	BISHOP, DEBRA	22 NAME		
STREET ADDRESS	5525 FAN PALM AVE	23 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32927	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, GLENN	32 NAME		
STREET ADDRESS	2988 NORTH ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	O'BREIN, JOYCE	42 NAME		
STREET ADDRESS	1910 HURST COURT	43 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PEIRCE, KURT	52 NAME		
STREET ADDRESS	2480 LAKE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DARVILLE, SONIA	62 NAME		
STREET ADDRESS	4070 N. US 1	63 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert G. McMahon — Robert Glenn McMahon — 3/20/95 — 407 452-9191
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #