FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 28 AM 10: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718303

1. Corporation Name: Cocoa High Band Boosters, Inc.

Principal Place of Business: PO Box 1306, Sharpes Fla 32959

Mailing Address: Same

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 4/22/1970

3a. Date of Last Report: 3/29/95

4. FEI Number: 23-7282938 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent:
Lynda Carroll
1213 Alamanda Ln
Cocoa Fla 32922

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Lynda Carroll, President CHSBB — 21 Aug 96
Signature (Typed or printed name of registered agent [Art. III, 1.] is acceptable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	[X] Change [ ] Addition
1.2 NAME	Carroll Lynda	
1.3 STREET ADDRESS	1213 Alamanda Ln	
1.4 CITY-ST-ZIP	Cocoa Fla 32922	
2.1 TITLE	V President	[X] Change [ ] Addition
2.2 NAME	Rene Thomas	
2.3 STREET ADDRESS	2494 Diane Dr	
2.4 CITY-ST-ZIP	Cocoa Fla 32926	
3.1 TITLE	Treasurer	[X] Change [ ] Addition
3.2 NAME	Rosiann Herkinratt	
3.3 STREET ADDRESS	2160 Langro St	
3.4 CITY-ST-ZIP	Cocoa Fla 32922	
4.1 TITLE	Sec/D	[X] Change [ ] Addition
4.2 NAME	Glenda Foster	
4.3 STREET ADDRESS	1945 Adamson Road	
4.4 CITY-ST-ZIP	Cocoa Fla 32926	
5.1 TITLE	Director	[X] Change [ ] Addition
5.2 NAME	Thomas Carroll	
5.3 STREET ADDRESS	1213 Alamanda Ln	
5.4 CITY-ST-ZIP	Cocoa Fla 32922	
6.1 TITLE	Director	[X] Change [ ] Addition
6.2 NAME	Sonia Darville	
6.3 STREET ADDRESS	4070 N US1	
6.4 CITY-ST-ZIP	Cocoa Fla 32926	

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)(k), 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: Lynda Carroll President — 21 Aug 96 — 407 6325072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lynda Carroll President

CR2E037 (12/95)