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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 718303 (1)

1. Corporation Name

COCOA HIGH SCHOOL BAND BOOSTERS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1306
SHARPE FL 32859

P.O. BOX 1306
SHARPE FL 32859-1306

Sharpe

Sharpe

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/22/1970

3a. Date of Last Report

08/28/1996

4. FEI Number

23-7282938

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARROLL, LYNDIA
1213 ALAMANDA LANE
COCOA FL 32922

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CARROLL, LYNDIA
STREET ADDRESS 1213 ALAMANDA LANE
CITY-ST-ZIP COCOA FL 32922

TITLE VP
NAME THOMAS, RENE
STREET ADDRESS 2494 DIANE DRIVE
CITY-ST-ZIP COCOA FL 32928

TITLE T
NAME HERKENRATT, ROSEANN
STREET ADDRESS 3180 CANGRO STREET
CITY-ST-ZIP COCOA FL 32922

TITLE SD
NAME FOSTER, GLENDA
STREET ADDRESS 1945 ADAMSON ROAD
CITY-ST-ZIP COCOA FL 32928

TITLE D
NAME CARROLL, THOMAS
STREET ADDRESS 1213 ALAMANDA LANE
CITY-ST-ZIP COCOA FL 32922

TITLE D
NAME DARVILLE, SONIA
STREET ADDRESS 4070 N. US 1
CITY-ST-ZIP COCOA FL 32928

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020403

CR2E037 (9/96)