

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718303 (1)**  
1. Corporation Name  
**COCOA HIGH SCHOOL BAND BOOSTERS, INC.**



Principal Place of Business <b>P.O. BOX 1306 SHARPES FL 32959 US</b>	Mailing Address <b>P.O. BOX 1306 SHARPES FL 32959 US</b>
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3. Date Incorporated or Qualified <b>04/22/1970</b>	
4. FEI Number <b>23-7282938</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

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

9. Name and Address of Current Registered Agent

**CARROLL, LYNDA  
1213 ALAMANDA LANE  
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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* DATE: **20 April 98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>CARROLL, LYNDA</b>	<input type="checkbox"/> DELETE
NAME	<b>1213 ALAMANDA LANE</b>	
STREET ADDRESS	<b>COCOA FL 32922</b>	
CITY-ST-ZIP		
TITLE	<b>THOMAS, RENE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>2494 DIANE DRIVE</b>	
STREET ADDRESS	<b>COCOA FL 32926</b>	
CITY-ST-ZIP		
TITLE	<b>HERKENRATT, ROSEANN</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>3160 CANGRO STREET</b>	
STREET ADDRESS	<b>COCOA FL 32922</b>	
CITY-ST-ZIP		
TITLE	<b>SD FOSTER, GLENDA</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>1945 ADAMSON ROAD</b>	
STREET ADDRESS	<b>COCOA FL 32926</b>	
CITY-ST-ZIP		
TITLE	<b>D CARROLL, THOMAS</b>	<input type="checkbox"/> DELETE
NAME	<b>1213 ALAMANDA LANE</b>	
STREET ADDRESS	<b>COCOA FL 32922</b>	
CITY-ST-ZIP		
TITLE	<b>D DARVILLE, SONIA</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>4070 N. US 1</b>	
STREET ADDRESS	<b>COCOA FL 32926</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Carroll Lynda</b>		
1.3 STREET ADDRESS	<b>1213 Alamanda Lane</b>		
1.4 CITY-ST-ZIP	<b>Cocoa Fla 32922</b>		
2.1 TITLE	<b>President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Dan Richardson</b>		
2.3 STREET ADDRESS	<b>3779 N Indian River Dr</b>		
2.4 CITY-ST-ZIP	<b>Cocoa Fla 32926</b>		
3.1 TITLE	<b>VP</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Dwite Hackney</b>		
3.3 STREET ADDRESS	<b>2800 Kenyon Ave</b>		
3.4 CITY-ST-ZIP	<b>Cocoa Fla 32926</b>		
4.1 TITLE	<b>SECT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Marsha Enos</b>		
4.3 STREET ADDRESS	<b>PO Box 1403</b>		
4.4 CITY-ST-ZIP	<b>Cocoa Fla 32926</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>Kelly Hendricks</b>		
6.3 STREET ADDRESS	<b>1454 Corling St</b>		
6.4 CITY-ST-ZIP	<b>Cocoa Fla</b>		

14. I 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: *Lynda Carroll* DATE: **20 April 98** 407 722 1766

CR2E037 (10/97)