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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

Mailing Address

P.O. BOX 1306
SHARPES FL 32959
US

P.O. BOX 1306
SHARPES FL 32959
US

3. Date Incorporated or Qualified

04/22/1970

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARROLL, LYNDA
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

20 April 98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, LYNDA
STREET ADDRESS	1213 ALAMANDA LANE
CITY-ST-ZIP	COCOA FL 32922

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carroll Lynda	
1.3 STREET ADDRESS	1213 Alամанда lane	
1.4 CITY-ST-ZIP	Cocoa Fla 32922	

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RENE
STREET ADDRESS	2494 DIANE DRIVE
CITY-ST-ZIP	COCOA FL 32926

2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dan Richardson	
2.3 STREET ADDRESS	3779 N Indian River Dr	
2.4 CITY-ST-ZIP	Cocoa Fla 32926	

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HERKENRATT, ROSEANN
STREET ADDRESS	3160 CANGRO STREET
CITY-ST-ZIP	COCOA FL 32922

3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dwite Hackney	
3.3 STREET ADDRESS	2800 Kenyon Ave	
3.4 CITY-ST-ZIP	Cocoa Fla 32926	

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, GLENDA
STREET ADDRESS	1945 ADAMSON ROAD
CITY-ST-ZIP	COCOA FL 32926

4.1 TITLE	SECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marsha Enos	
4.3 STREET ADDRESS	PO Box 1403	
4.4 CITY-ST-ZIP	Cocoa Fla 32922	

TITLE	<input type="checkbox"/> DELETE
NAME	CARROLL, THOMAS
STREET ADDRESS	1213 ALAMANDA LANE
CITY-ST-ZIP	COCOA FL 32922

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DARVILLE, SONIA
STREET ADDRESS	4070 N. US 1
CITY-ST-ZIP	COCOA FL 32926

6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kelly Hendricks	
6.3 STREET ADDRESS	1454 Corling St	
6.4 CITY-ST-ZIP	Cocoa Fla	

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
Signature, typed or printed name of signing officer or director

20 April 98

**407
722 1766**

CR2E037 (10/97)