


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90092 014 \*\*\*\*70.00

USE 1/10/98

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 718303</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>COCOA HIGH SCHOOL BAND BOOSTERS, INC.</b>                                     |  |   |   |   |  |
| Principal Place of Business<br>P.O. BOX 1306 2000 Tiger Trail<br>SHARPES FL 32959 COCOA FLA 32926<br>US |  |   | Mailing Address<br>P.O. BOX 1306 2000 Tiger Trail<br>SHARPES FL 32959 COCOA FLA 32926<br>US |   |  |



|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 2000 Tiger Trail<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 COCOA FLA<br>Zip Country<br>24 32926 25 Brevard |  | 2a. Mailing Address<br>26 2000 Tiger Trail<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 COCOA FLA<br>Zip Country<br>29 32926 30 Brevard |  | 3. Date Incorporated or Qualified<br>04/22/1970<br>4. FEI Number<br>23-7282938<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|--|--|---|--|---|--|

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>CARROLL, LYNDA<br>1213 ALAMANDA LANE<br>COCOA FL 32922 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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* DATE *March 23, 99*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                            |                        |         |                    |   |  |  |   |
|----------------------------|------------------------|---------|--------------------|---|--|--|---|
| 12. OFFICERS AND DIRECTORS |                        |         |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |   |
| TITLE                      | T                      | DELETED | 1.1 TITLE          |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARROLL, LYNDA         |         | 1.2 NAME           |   |  |  |   |
| STREET ADDRESS             | 1213 ALAMANDALASE      |         | 1.3 STREET ADDRESS |   |  |  |   |
| CITY-ST-ZIP                | COCOA FL 32922         |         | 1.4 CITY-ST-ZIP    |   |  |  |   |
| TITLE                      | P                      | DELETED | 2.1 TITLE          |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RICHARDSON, DAN        |         | 2.2 NAME           |   |  |  |   |
| STREET ADDRESS             | 3779 N INDIAN RIVER DR |         | 2.3 STREET ADDRESS |   |  |  |   |
| CITY-ST-ZIP                | COCOA FL 32926         |         | 2.4 CITY-ST-ZIP    |   |  |  |   |
| TITLE                      | VP                     | DELETED | 3.1 TITLE          |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HACKNEY, DWITE         |         | 3.2 NAME           |   |  |  |   |
| STREET ADDRESS             | 2800 KENYON AVE        |         | 3.3 STREET ADDRESS |   |  |  |   |
| CITY-ST-ZIP                | COCOA FL 33926         |         | 3.4 CITY-ST-ZIP    |   |  |  |   |
| TITLE                      | S                      | DELETED | 4.1 TITLE          |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ENOS, MARSHA           |         | 4.2 NAME           |   |  |  |   |
| STREET ADDRESS             | P O BOX 1403           |         | 4.3 STREET ADDRESS |   |  |  |   |
| CITY-ST-ZIP                | COCOA FL 32922         |         | 4.4 CITY-ST-ZIP    |   |  |  |   |
| TITLE                      | D                      | DELETED | 5.1 TITLE          |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARROLL, THOMAS        |         | 5.2 NAME           |   |  |  |   |
| STREET ADDRESS             | 1213 ALAMANDA LANE     |         | 5.3 STREET ADDRESS |   |  |  |   |
| CITY-ST-ZIP                | COCOA FL 32922         |         | 5.4 CITY-ST-ZIP    |   |  |  |   |
| TITLE                      | D                      | DELETED | 6.1 TITLE          | Member at Large                                       |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HENDRICKS, KELLY       |         | 6.2 NAME           | Rene Thomas   |  |  |   |
| STREET ADDRESS             | 1434 LORING ST         |         | 6.3 STREET ADDRESS | 2494 Duane St   |  |  |   |
| CITY-ST-ZIP                | COCOA FL 32926         |         | 6.4 CITY-ST-ZIP    | Cocoa FL 32926  |  |  |   |

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, with all other like empowered.

SIGNATURE: *Lynda Carroll* DATE: *March 23, 99*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 467 632 5072

CR2E037 (11/98)