

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

DOCUMENT # **722369** (6)

1. Corporation Name

BUCHHOLZ BAND BOOSTERS, INC.



Principal Place of Business

**5510 N.W. 27TH AVE.
GAINESVILLE FL 32606-6405**

Mailing Address

**5510 N.W. 27TH AVE.
GAINESVILLE FL 32606-6405**

3. Date Incorporated or Qualified
01/03/1972

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0217165

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNTON, PAULA
5510 NW 27 AVE
GAINESVILLE FL 32606**

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

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN BRUCE	
STREET ADDRESS	2116 SW 76TH TERRACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LAHMAN, JERRY	
STREET ADDRESS	3110 N.W. 67TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CALFEE, PEGGY	
STREET ADDRESS	10001 SW 13TH PL	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHILDS, GINGER	
STREET ADDRESS	9303 SW 53 LANE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, LOIS	
STREET ADDRESS	601 NW 97 TERR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michele Bailer	
1.3 STREET ADDRESS	500 N.W. 101st Street	
1.4 CITY - ST - ZIP	Gainesville, FL 32607	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jenny Parry	
2.3 STREET ADDRESS	10026 N.W. 24th Place	
2.4 CITY - ST - ZIP	Gainesville, FL 32606	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sherry Herget	
3.3 STREET ADDRESS	10911 N.W. 14th Ave.	
3.4 CITY - ST - ZIP	Gainesville, FL 32606	
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bruce Allen	
4.3 STREET ADDRESS	2116 S.W. 76th Terr.	
4.4 CITY - ST - ZIP	Gainesville, FL 32607	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gail Rosin	
5.3 STREET ADDRESS	4223 N.W. 76th Terr.	
5.4 CITY - ST - ZIP	Gainesville, FL 32606	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

Jenny Parry *Jenny Parry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/96 352-374-5548

CR2E037 (12/95)