

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737107 (3)

1. Corporation Name

FORT MEADE BAND BOOSTERS, INC.



Principal Place of Business

**700 NEDGEWOOD DRIVE
FORT MEADE FL 33841**

Mailing Address

**700 NEDGEWOOD DRIVE
FORT MEADE FL 33841**

3. Date Incorporated or Qualified

10/21/1976

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3025833

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

Zip

Country

Zip

Country

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

**SHANNON, JOHN HUGH
36 WEST BROADWAY
FORT MEADE FL 32807**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUNLAP, SHARONDA	
STREET ADDRESS	860 E WABASH	
CITY - ST - ZIP	BARTOW FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FLETCHER QUINN	
STREET ADDRESS	960 A MILMAN ST	
CITY - ST - ZIP	FT MEADE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JENNY MCCLAIN	
STREET ADDRESS	611 N CLEVELAND AVE	
CITY - ST - ZIP	FT MEADE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ALVIN	
STREET ADDRESS	249 N. CHURCH	
CITY - ST - ZIP	FT. MEADE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRIPLETT, TONNIA	
STREET ADDRESS	2171 N BROOK RD	
CITY - ST - ZIP	FT. MEADE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, GINER	
STREET ADDRESS	BOX 1867 HWY 17 NO	
CITY - ST - ZIP	FT. MEADE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	ARLENE Coulter D
3.4 CITY - ST - ZIP	2725 HWY 98 E. Ft Meade, FL 33841
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Jeanne Corhn
4.4 CITY - ST - ZIP	419 NE 5th St. St. Pete FL 33841
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001758370
5.3 STREET ADDRESS	-03/26/96--01153--017
5.4 CITY - ST - ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary
6.3 STREET ADDRESS	Donna Nell
6.4 CITY - ST - ZIP	3376 Lake Buffum Rd W Ft Meade FL 33841

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:

Arlene Coulter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

941-2858432

CR2E037 (12/95)