

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33841-2316



3. Date Incorporated or Qualified  
10/21/1976

3a. Date of Last Report  
03/26/1996

4. FEI Number  
59-3025833

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE  
NAME DUNLAP, SHARONDA  
STREET ADDRESS 860 E WABASH  
CITY-ST-ZIP BARTOW FL

TITLE P ☐ DELETE  
NAME FLETCHER QUINN  
STREET ADDRESS 960 A MILMAN ST  
CITY-ST-ZIP FT MEADE FL

TITLE TD ☐ DELETE  
NAME COULTER, ARLENE  
STREET ADDRESS 2725 WHY 98 E.  
CITY-ST-ZIP FT MEADE FL 33841

TITLE DT ☐ DELETE  
NAME CORNH, JEANNE  
STREET ADDRESS 419 N.E. 5TH ST.  
CITY-ST-ZIP FT MEADE FL 33841

TITLE SD ☐ DELETE  
NAME NEFF, DONNA  
STREET ADDRESS 3276 LAKE BUFFUM RD W  
CITY-ST-ZIP FT MEADE FL 33841

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: Arlene Coulter Arlene Coulter, Treasure 02/17/97 941 285-7184

CR2E037 (9/96)