09231999-90010-040-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 29 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737107

1. Corporation Name
FORT MEADE BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
700 N EDGEWOOD DRIVE FORT MEADE FL 33841	700 N EDGEWOOD DRIVE FORT MEADE FL 33841

9/23/99 90010 040 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/21/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3025833 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ECKMAN, JOHN L 700 N EDGEWOOD DR FORT MEADE FL 33841	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 617.1506, 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 _____ DATE
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, GLORIA		1.2 NAME		
STREET ADDRESS	6105 PINETREE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	STURGIS, JULIE		2.2 NAME	Caren Croy	
STREET ADDRESS	7 S ORANGE AVE		2.3 STREET ADDRESS	5820 Lake Buffum Rd	
CITY-ST-ZIP	FT MEADE FL 33841		2.4 CITY-ST-ZIP	Ft. Meade FL 33841	
TITLE	S	☐ DELETE	3.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	HELMS, ANGELA L		3.2 NAME	Lou Smith	
STREET ADDRESS	804 NE 7TH		3.3 STREET ADDRESS	605 knukle Ave	
CITY-ST-ZIP	FT MEADE FL 33841		3.4 CITY-ST-ZIP	Ft. Meade FL 33841	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEVANE, MICHELLE		4.2 NAME		
STREET ADDRESS	806 NE 6TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MEADE FL 33841		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, JESUS		5.2 NAME		
STREET ADDRESS	2355 HWY 98 E		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE FL 33541		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, BEATRIZ		6.2 NAME		
STREET ADDRESS	2355 HWY 98 E		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE FL 33841		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 RE Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Rodriguez **REQUIRED** 9/21/99 941-773-2155
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #