

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90011 004 ****61.25

DOCUMENT # 737107

1. Entity Name

FORT MEADE BAND BOOSTERS, INC.



Principal Place of Business

700 N.EDGEWOOD DRIVE
FORT MEADE FL 33841

Mailing Address

700 N.EDGEWOOD DRIVE
FORT MEADE FL 33841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-3025833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

ECKMAN, JOHN L
700 N EDGEWOOD DR
FORT MEADE FL 33841

7. Name and Address of New Registered Agent

Name

Patricia Selph

Street Address (P.O. Box Number is Not Acceptable)

2365 Hwy 98 East

~~Ft. Meade~~

City

Ft. Meade

FL

Zip Code

33841

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Selph Patricia Selph

Feb. 23, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEDDERA, BARBARA	
STREET ADDRESS	601 CLERMONT AVENUE N	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FINEIS, FLORA	
STREET ADDRESS	724 NE 3RD STREET	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAPLE, SUZANNE	
STREET ADDRESS	1107 FIORAL AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRIBBS, JEANNIE	
STREET ADDRESS	28 N OAK AVE	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, JESUS	
STREET ADDRESS	2355 HWY 98 E	
CITY-ST-ZIP	FORT MEADE FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, BEATRIZ	
STREET ADDRESS	2355 HWY 98 E	
CITY-ST-ZIP	FORT MEADE FL 33841	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Selph	
STREET ADDRESS	2365 Hwy 98 East	
CITY-ST-ZIP	Ft. Meade, FL 33841	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatriz Garcia	
STREET ADDRESS	2355 Hwy 98 East	
CITY-ST-ZIP	Ft. Meade, FL 33841	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James James Leving	
STREET ADDRESS	5860 Lake Buena Vista Rd. South	
CITY-ST-ZIP	Ft. Meade, FL 33841	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dal Taylor	
STREET ADDRESS	2533 Gabriel Rd.	
CITY-ST-ZIP	Ft. Meade, FL 33841	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammy Patterson	
STREET ADDRESS	809 n.e. 6th Street	
CITY-ST-ZIP	Ft. Meade, FL 33841	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Selph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04

Date

(863) 285-9934

Daytime Phone #