

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 58-3025833		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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	
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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** DATE **Feb. 23, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDDERA, BARBARA 601 CLERMONT AVENUE N FORT MEADE FL 33841 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Patricia Selph 2365 Hwy 98 East Ft. Meade, FL 33841 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINEIS, FLORA 724 NE 3RD STREET FORT MEADE FL 33841 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Beatriz Garcia 2355 Hwy. 98 East Ft. Meade, FL 33841 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAPLE, SUZANNE 1107 FIORAL AVENUE BARTOW FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S James Lewis 5860 Lake Buffin Rd. South Ft. Meade, FL 33841 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRIBBS, JEANNIE 28 N OAK AVE FT MEADE FL 33841 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dal Taylor 2533 Gabriel Rd. Ft. Meade, FL 33841 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JESUS 2355 HWY 98 E FORT MEADE FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, BEATRIZ 2355 HWY 98 E FORT MEADE FL 33841 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tammy Patterson 809 n.e. 6th Street Ft. Meade, FL 33841 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Patricia Selph** DATE **2-9-04** (863) 285-9934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR